

FILED VS APR 6 1960

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cardwell</u> <u>03502</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hosp.</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Maud</u> Middle <u>Beaseley</u> Last <u>Anderson</u>				4. DATE OF DEATH Month <u>March</u> Day <u>17</u> Year <u>1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 11, 1889</u>		9. AGE (In years last birthday) <u>71</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Humphrey Co. Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sam Beaseley</u>			13b. MOTHER'S MAIDEN NAME <u>Lillie Dale</u>			14. NAME OF HUSBAND OR WIFE <u>J. M. Anderson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs. Earl Mosley, Paragould, Ark.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Supercarditis</u> DUE TO (b) <u>Internal obstructions</u> DUE TO (c) <u>Adeno Carcinoma of glandular system</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>153.0</u>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year <u>p.m.</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>White Sulphur Springs, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Cardwell, Mo.</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>12:00 noon</u> to <u>3-17-60</u> and last saw her alive on <u>3-17-60</u> Death occurred on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>White Sulphur Springs, Mo.</u>				22b. ADDRESS <u>Cardwell, Mo.</u>		22c. DATE SIGNED <u>3-24-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3-20-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cardwell</u>		23d. LOCATION (City, town, or county) (State) <u>Cardwell, Missouri</u>	
24. FUNERAL DIRECTOR <u>Mitchell Funeral Home</u> <u>Paragould, Arkansas</u>				25. DATE RECD. BY LOCAL REG. <u>3-28-1960</u>		26. REGISTRAR'S SIGNATURE <u>Earl Mosley</u>	

Dept. 44-60  
Co. File No. 460-105

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Rudal Mitchell* .....

Licensed Embalmer No. *373-As* .....  
P. O. Address *Paragould* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.