

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015091

FILED VS MAY 9 1960

Registration District No. 143 Primary Registration District No. 5553 Registrar's No. 9 STATE FILE NUMBER 60-015091

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Howell</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hutton Valley TWP</u>		Length of stay in 1b <u>30 yrs.</u>		c. CITY OR TOWN <u>Hutton Valley</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First <u>RUFUS</u>		Middle <u>ARTHUR</u>		Last <u>ANDERSON</u>		<u>May 2, 1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>5/20/94</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Mtn. View, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James Anderson</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Elza C. Anderson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>99-10-0741</u>		17. INFORMANT Address <u>Elza Anderson, Hutton Valley, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>						<u>Immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Asthma</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>May 2, 1960</u> to <u>May 2, 1960</u> and last saw him alive on <u>May 2, 1960</u>				Death occurred at <u>Approx. 2:00PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ernos L. Coffey MD.</u> (Degree or title)			22b. ADDRESS <u>Willow Springs, Mo.</u>			22c. DATE SIGNED <u>5/4/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/5/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mackey</u>		23d. LOCATION (City, town, or county) (State) <u>Howell County, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Burns Willow Springs, M.</u>			25. DATE RECD. BY LOCAL REG. <u>5/7/60</u>		26. REGISTRAR'S SIGNATURE <u>Marshall Beard</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA AYW T 07 MAY 1961

MAY 18 1960

STATEMENT BY LICENSED EMBALMER

MAY 13 1980

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Fred W. Barnes
Signed Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.