

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033666

FILED VS. SEP 20 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 274

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in 1b 4 months		c. CITY OR TOWN Kirkville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1800 E. Normal Ave. roadside			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 811 S. Cottage Grove		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CARL Middle GUSTAVUS Last ANDERSON				4. DATE OF DEATH Month Sept. Day 14 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. MARRIAGE STATUS Married Widowed <input checked="" type="checkbox"/> Divorced		8. DATE OF BIRTH 4/14/71	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner of		10b. KIND OF BUSINESS OR INDUSTRY Rooming House		11. BIRTHPLACE (City and state or country) Smedjebacken, Sweden . U S		12. CITIZEN OF WHAT COUNTRY U S		
13a. FATHER'S NAME Andrew Erickson		13b. MOTHER'S MAIDEN NAME Sarah Louisa UNK.		14. NAME OF HUSBAND OR WIFE Mary				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Winifred Mabee, Kirksvillw, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiovascular Collapse						INTERVAL BETWEEN ONSET AND DEATH 5 minutes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Myocardial Infarction						10 minutes		
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 August 1960 to September 1960 and last saw ^{her} him alive on September 10 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Edward M. Green M.D.				22b. ADDRESS 112 E Patterson Ave, Kirksville, Mo.		22c. DATE SIGNED Sept 15 1960		
23a. BURIAL, CREMATION, or other disposition (Specify) Burial		23b. DATE 9/17/60	23c. NAME OF CEMETERY OR CREMATORY McPherson		23d. LOCATION (City, town, or county) (State) McPherson, Kansas			
24. FUNERAL DIRECTOR ADDRESS Foster Memorial Home, Kirksville, Mo.				25. DATE RECD. BY LOCAL REG. 9-15-60		26. REGISTRAR'S SIGNATURE Doris W. Rathoff		

DOCUMENT

MEDICAL CERTIFICATE GRIM

BY AFFIDAVIT OF

EDWARDS M. GRIM, M.D.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo

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.