

IRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034595

FILED VS SEP 23 1960

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 103

STATE FILE NUMBER

| | | | | | |
|--|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Iron</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u> | | Length of stay in 1b <u>DOA</u> | c. CITY OR TOWN <u>Arcadia</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Rd. E 2 mi. SE of Arcadia</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>ELMER</u> Middle <u>ANDERSON</u> Last <u>ANDERSON</u> | | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>14</u> Year <u>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>7-11-1891</u> | 9. AGE (last birthday) <u>69</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>automobile</u> | 11. BIRTHPLACE (City and state or country) <u>Wallen Ind.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>George Anderson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Matty</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth 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. | 17. INFORMANT Address <u>Mrs. Elizabeth Anderson</u> <u>Arcadia, 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 Occlusion</u> | | | | | <u>few hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary heart condition</u> | | | | | <u>6 months</u> |
| DUE TO (c) <u>Acute virus infection</u> | | | | | <u>2 days</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Post-operative gastrectomy (done in 1953)</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>12-2-59</u> to <u>9-14-60</u> and last saw ^{her} him alive on <u>9-12-60</u> Death occurred at <u>7.00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>R. E. Harland</u> (Degree or title) | | | 22b. ADDRESS <u>Ironton, Missouri</u> | | 22c. DATE SIGNED <u>9-16-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>9-16-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Steelville Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Steelville, Mo.</u> | (State) | |
| 24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-16-60</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 4 1960

STATEMENT BY LICENSED EMBALMER

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

Signed Arnel J. White

Licensed Embalmer No. 3012

P. O. Address Imperial

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.