

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035652

FILED VS. OCT 7 1960

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 158

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Demiscot</u>				2. USUAL RESIDENCE (Where deceased lived). If institution: Residence before admission) STATE <u>Missouri</u> COUNTY <u>Demiscot</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Length of stay in lb		c. CITY OR TOWN <u>Hayti</u>		Inside Limits Yes ☐ No ☐		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS <u>South of Hayti</u>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Daniel</u> Middle <u>Lee</u> Last <u>Anderson</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>27</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>9-24-1883</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Bardonia Junction, Ky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Daniel Lee Anderson</u>		13b. MOTHER, MAIDEN NAME <u>Mattie Miliam</u>		14. NAME OF HUSBAND OR WIFE <u></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></u>		17. INFORMANT <u>Harley S. Anderson - Caruthersville, Mo</u>		Address <u>936 Grand</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>Concussion of Stomach</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>car accident</u> DUE TO (c) <u>gunshot and hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
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. ☐ Yes ☐ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>								
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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>5-7-60</u> to <u>9-27-60</u> and last saw him alive on <u>9-26-60</u> Death occurred at <u>9:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Anthony M. D.</u> (Degree or title)				22b. ADDRESS <u>Hayti, Mo.</u>		22c. DATE SIGNED <u>9-27-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-29-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Hayti, Missouri</u>		(State)		
24. FUNERAL DIRECTOR <u>Don W. Herman</u>		ADDRESS <u>Hayti, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-60</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John H. Gorman

Licensed Embalmer No. 4355

P. O. Address Weymouth

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.