

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037495

FILED VS NOV 7 1960

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1131

DED

1. PLACE OF DEATH a. COUNTY Buchanan County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Mo.		Length of stay in 1b 4 years		c. CITY OR TOWN St. Joseph, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3024 Lafayette		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Anderson Last				4. DATE OF DEATH Month Oct. Day 19 Year 1960				
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 28, 1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Plette County		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Anderson			13b. MOTHER'S MAIDEN NAME Lucie Sowder		13c. NAME OF HUSBAND OR WIFE Maggie Sinkhorn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Lena Middleton Address 3024 Lafayette St. Joseph, 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) Cardio Vascular Renal Disease						INTERVAL BETWEEN ONSET AND DEATH Unknown		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 checked="" 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 9/2/60 to 10/19/60 and last saw ^{xxx} him live on 10/18/60				Death occurred at 11:12 P m on the 10/18/60 date stated above and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Queen W. Craig MD</i> (Degree or title)			22b. ADDRESS Medical Director 10th & Olive, St. Joseph, Mo.			22c. DATE SIGNED 10/20/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 22, 1960	23c. NAME OF CEMETERY OR CREMATORY Deerborn, Cemetary		23d. LOCATION (City, town, or county) (State) Deerborn, Missouri				
24. FUNERAL DIRECTOR Vaughn & Aufreno, Deerborn, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. Oct. 31, 1960		26. REGISTRAR'S SIGNATURE <i>Mr. Clark Handell</i>			

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 _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W R Vaughn

Licensed Embalmer No. 402

P. O. Address West

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