

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

53

3010

436

-60-037682

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 6 years		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 739 Themis St.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First MYRTLE Middle PRUDENCE C. Last ANDERSON				4. DATE OF DEATH Month October Day 23 Year 1960				
5. SEX female		6. COLOR OR RACE white		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH Oct. 8, 1883		
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 77 Days 77 Hours 77 Min. 77		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) St. Francis, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thales O. Tucker		13b. MOTHER'S MAIDEN NAME Mary Francis Robards		
14. NAME OF HUSBAND OR WIFE Stephen Grant Anderson		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 Bob Anderson Address Malden, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Senility DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture left shoulder							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.) It fell out of a chair				
20c. TIME OF INJURY Hour 7:25 Month, Day, Year Sept 30, 1960		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.) Oct 25, 1960		20f. CITY, TOWN, OR LOCATION Campbell COUNTY Missouri STATE Missouri		
21. I attended the deceased from Sept 30, 1960 to Oct 25, 1960 and last saw him alive on Oct 20, 1960 Death occurred at 7:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE John C. Crane (Degree or title)				22b. ADDRESS Cape Girardeau, Mo				
22c. DATE SIGNED Oct 28, 1960								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 25, 1960		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) (State) Campbell Missouri		
24. FUNERAL DIRECTOR Landess Funeral Home, Inc. Campbell, Mo.				25. DATE RECD. BY LOCAL REG. 11-9-60		26. REGISTRAR'S SIGNATURE Erene Karter		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 15 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. 60
working under my personal supervision.

Student Richard V. Beall
Signature of Student Embalmer

Signed Christine M. Lande

Licensed Embalmer No. 42

P. O. Address Campbell

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.