

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044916

NOV 30 1960

Registration District No. 360 Primary Registration District No. 6224 Registrar's No. 217

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CENTER TWP.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Nevada</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>R#3</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R#3</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALICE JANE ANDERSON</u>				4. DATE OF DEATH Month Day Year <u>November 18 1960</u>			
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>Wh</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>3-6-1910</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and state or country) <u>Rich Hill, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Millus Cross</u>			13b. MOTHER'S MAIDEN NAME <u>Mertie Mae Cross</u>		14. NAME OF HUSBAND OR WIFE <u>Charles L. 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. <u>None</u>		17. INFORMANT Address <u>Charles L. Anderson, Nevada, Missouri</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>Congestive heart failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Hypertensive arteriosclerotic cardiovascular disease</u>	
						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 checked="" 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>Nov. 17, 1960</u> to <u>Nov. 18, 1960</u> and last saw her alive on <u>Nov. 17, 1960</u> Death occurred at <u>Nevada, Mo.</u> <u>7:45 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>L. P. McCann, M.D.</u>				22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>		22c. DATE SIGNED <u>11/22/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Ferry Funeral Home Nevada, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>Nov. 26th, '60</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Jerry</u>		

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

Student _____
Signature of Student Embalmer

Signed D. Angles Ferry

Licensed Embalmer No. 4960

P. O. Address Florida

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.