

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048475

FILED VS DEC 20 1960

Registration District No. 341 Primary Registration District No. 4505 Registrar's No. 39

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Stoddard County		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City, Missouri		a. STATE Missouri		b. COUNTY Stoddard	
Length of stay in lb Life		c. CITY OR TOWN Bell City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Bell City, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bell City, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Mary		Middle E.		Last Anderson		Month Day Year Dec 6 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/11/1914	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months 3 Days 25	IF UNDER 24 HR Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Advance, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Marion R. Thrower			13b. MOTHER'S MAIDEN NAME Anna Clark		14. NAME OF HUSBAND OR WIFE J.A. 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. 386-12-8292		17. INFORMANT Address J.A. Anderson Bell City, Missouri			
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 15 minutes	
IMMEDIATE CAUSE (a) Coronary Thrombosis							
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 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 Dec. 4, 1960 to Dec. 6, 1960 and last saw her alive on Dec 6, 1960 Death occurred at 1:22 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Alphont W. Rivers, D.C.				22b. ADDRESS Bell City, Mo.		22c. DATE SIGNED 12-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 8 1960	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		23d. LOCATION (City, town, or county) (State) Bell City Missouri		
24. FUNERAL DIRECTOR Coyle Shulley			ADDRESS Bell City, Mo		25. DATE RECD. BY LOCAL REG. 12/16/60		26. REGISTRAR'S SIGNATURE Bernice Moore

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

J. D. Schuman

Licensed Embalmer No. 408

P. O. Address Malden

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.