

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1961

=61-000136

STATE FILE NUMBER

DATE
FILED

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 3

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Length of stay in 1b 5 Weeks		c. CITY OR TOWN Adrian		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co. Mem. Hosp.				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) First Olaf Middle Anderson Last Anderson				4. DATE OF DEATH Month January Day 6 Year 1961			
5. SEX Male		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 7-15-07	
9. AGE (last birthday) 53		IF UNDER 1 YEAR Months 53 Days 53 Hours 53 Min. 53		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Barron Co. Wisconsin U.S.A	
11. BIRTHPLACE (City and state or country) Barron Co. Wisconsin U.S.A				12. CITIZEN OF WHAT COUNTRY U.S.A			
13a. FATHER'S NAME Lewis Anderson				13b. MOTHER'S MAIDEN NAME Elena Mattison		14. NAME OF HUSBAND OR WIFE Jeraldine 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. 491-09-3289		17. INFORMANT Jeraldine Anderson, Adrian, 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) Fibrosarcoma, arm, rt. 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) Pneumonia, Labar, rt, cellulitis, chest wall 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 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 16 Dec 60 to 6 Jan 61 and last saw him alive on 6 Jan 61 Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. A. Mason M.D.				22b. ADDRESS Butler Mo		22c. DATE SIGNED 6 Jan 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 9, 1961		23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery		23d. LOCATION (City, town, or county) Adrian, Mo.	
24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo.				25. DATE RECD. BY LOCAL REG. JAN. 7-1961		26. REGISTRAR'S SIGNATURE Randall K...	

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1961

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 _____ *[Signature]*

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

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.