

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-024959

STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 3025 Registrar's No. 111

AMENDED

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>Willow Springs</u>	
Length of stay in 1b <u>30 Days</u>		Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS <u>Gen. Delivery</u>	
Yes ☐ No ☒		Reside on Farm ☐ No ☒	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Mr. Sophus Andrew ANDERSON</u>			4. DATE OF DEATH Month Day Year <u>July 28, 1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>11/25/98</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>8 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Emerson, Nebr.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hans Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Hansena Bonnicksen</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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>Francis Anderson, Willow Spgs. Mo.</u>	
17. INFORMANT <u>Francis Anderson, Willow Spgs. Mo.</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>Intestinal Obstruction and</u> <u>Generalized Peritonitis - secondary</u> <u>to Perforated Appendix with Abscess</u> DUE TO (b) <u>mentally incompetent + Hydrocephalus</u> DUE TO (c) <u>mentally incompetent + Hydrocephalus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>mentally incompetent + Hydrocephalus</u>			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.)			
20c. TIME OF INJURY Hour - Month, Day, Year a.m. p.m.					

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.)		20f. CITY, TOWN, OR LOCATION <u>West Plains, Mo.</u>	
20g. COUNTY <u>Howell</u>		20h. STATE <u>Mo.</u>		20i. DATE SIGNED <u>7/29/61</u>	
21. I attended the deceased from <u>28/6/61</u> to <u>7/28/61</u> and last saw him alive on <u>27/7/61</u> Death occurred at <u>4 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>West Plains, Mo.</u>		22c. DATE SIGNED <u>7/29/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/30/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
23d. LOCATION (City, town, or county) <u>Willow Springs, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>8-9-61</u>		23f. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
24. FUNERAL DIRECTOR <u>Burns, Willow Springs, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 _____

T. R. Burns
T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs,

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.