

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025888

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 85

FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY <u>Leinn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Leinn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Length of stay in lb <u>33 years</u>	c. CITY OR TOWN <u>Brookfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>317 East Clark</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>317 East Clark</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER EGBERT ANDERSON</u>			4. DATE OF DEATH Month Day Year <u>June 21, 1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>2/23/1899</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>3 28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Jeweler & Watch Repairer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jewelry Store</u>		11. BIRTHPLACE (City and state or country) <u>Benton Harbor, Michigan, U.S.A.</u>		
10c. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Pete Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Nelson</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>		14. NAME OF HUSBAND OR WIFE <u>Clara Anderson</u>				
17. INFORMANT <u>Clara Anderson, Brookfield, Mo</u>		Address				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)

DUE TO (b) Hypertensive Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

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 a.m. p.m. Month, Day, Year

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 COUNTY STATE

21. I attended the deceased from 5-2-60 to 6-21-61 and last saw her/him alive on 6-21-61
Death occurred at 1:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter E. Erwin (Degree or title) 22b. ADDRESS Brookfield Mo 22c. DATE SIGNED 6-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 23, 1961 23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery 23d. LOCATION (City, town, or county) (State) Brookfield, Missouri

24. FUNERAL DIRECTOR Hill Funeral Home, Brookfield, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 6-23-61 26. REGISTRAR'S SIGNATURE Walter E. Erwin

BY: AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

SPK

1961 JUL 17 707 SA

OCT 16 1961

MAR 13 1962

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 Gerald J. Ward

Licensed Embalmer No. 4172

P. O. Address Brown

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to conform 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.