

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002350

STATE FILE NUMBER

AMENDED

Registration District No. 160
FILED JAN 22 1962Primary Registration District No. 559 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. View Nursing Home		d. STREET ADDRESS (If outside, give location) 4515 Maryland	
3. NAME OF DECEASED (Type or print) First FRANCES Middle NACY Last ANDERSON		4. DATE OF DEATH Month Jan. Day 8 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 10-17-1885
9. AGE (last birthday) 76		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (City and state or country) Jefferson City Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Michael Nacy		13b. MOTHER'S MAIDEN NAME Catherine Ford	
14. NAME OF HUSBAND OR WIFE Roscoe 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. None		17. INFORMANT Wm. B. Anderson 7570 Wellington Way	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Disease 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. ☐ Yes ☐ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH Worse 30h	
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 8:35 a.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 Crystal City, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 6-15-61 to 1-8-62 and last saw her alive on 1-6-62 Death occurred at 8:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. D. [Signature] (Degree or title)		22b. ADDRESS Crystal City, Mo.	
22c. DATE SIGNED 1-8-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1-8-1962		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
23d. LOCATION (City, town, or county) Kirkwood Mo.		23e. STATE	
24. FUNERAL DIRECTOR Parker-Aldrich Webster Groves Mo.		25. DATE RECD. BY LOCAL REG. 1/8/62	
26. REGISTRAR'S SIGNATURE [Signature]		27. DATE	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J. [Signature]

JAN 23 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Palmer Grove*

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.

• If beyond reach of embalmer, no embalming.