

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-012254**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No. \_\_\_\_\_

Registrar's No. 24

**FILED MAR 28 1962**

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Unionville

Length of stay in 1b  
1 yr

c. CITY  
OR  
TOWN Unionville

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION city

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS city

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
Christine

Middle

Last  
Anderson

4. DATE  
OF  
DEATH

Month  
Mar-18-62

Day

Year

5. SEX  
F

6. COLOR OR RACE  
W

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
8-6-67

9. AGE (last birthday)  
94

IF UNDER 1 YEAR  
Months 7 Days 12

IF UNDER 24 HR  
Hours 12 Min. 0

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
homework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Burlington, Iowa

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Anthony Wichless

13b. MOTHER'S MAIDEN NAME

Elizabeth Entsinger

14. NAME OF HUSBAND OR WIFE

Perry 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  
Address  
Zena Crawford Unionville, 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)

Chronic degenerative  
arteriosclerosis & hypertension

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying 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)

Senility

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 June 6-54 to Mar 18-62 and last saw him live on Mar 18-62  
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE  
3-20-62

23c. NAME OF CEMETERY OR CREMATORY  
St. Johns Cem.

23d. LOCATION (City, town, or county)  
Livonia, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

F.O. Husted & Spn-Unionville, Mo.

25. DATE RECD. BY LOCAL REG.

3-19-1962

26. REGISTRAR'S SIGNATURE

Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10860

208602

3

4 1

5 2

6

7 1

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9443X

10

11

1290-2

13 1-0

**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 Murl E. Huestel  
Licensed Embalmer No. 3304

P. O. Address Amosville, N.C.

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.