

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

154
155

-62-016246

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 155

FILED APR 16 1962

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b Entire Life
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt. 3, on 32nd. Street Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt. 3, on 32nd. Street Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
CLARENCE D. ANDERSON April 11, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-17-1901 9. AGE (last birthday) 60
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Implements. 10b. KIND OF BUSINESS OR INDUSTRY Adams Truck & Tractor 11. BIRTHPLACE (City and state or country) Sedalia, Missouri 12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME Frank T. Anderson 13b. MOTHER'S MAIDEN NAME Mary A. Davers 14. NAME OF HUSBAND OR WIFE Leona Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Leona Anderson - Sedalia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 40 hrs.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Obesity years
 DUE TO (c) Hypertensive Cardio-Vascular Disease 3 years.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rt thrombophlebitis lower leg 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 June 1959 to 11 April 1962 and last saw him alive on 11 April 1962.
 Death occurred at 6 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree & Title) Stanley D. Fisher M.D. 22b. ADDRESS 500 West 16th Sedalia Mo. 22c. DATE SIGNED 12 April 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 14, 1962 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 23d. LOCATION (City, town, or county) Sedalia, Missouri (State) Mo.

24. FUNERAL DIRECTOR D. W. Heckart ADDRESS Gillespie Funeral Home Sedalia, Missouri 25. DATE RECD. BY LOCAL REG. April 13, 1962 26. REGISTRAR'S SIGNATURE Frances Shelby.

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 John P. James

Licensed Embalmer No. 5173

P. O. Address Seaside, 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.