

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016546

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4170

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. ~~FILED~~ **FILED** MAY 1 1962

a. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **11 days**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis - Little Rock Hospitals, Inc.** Inside Limits 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) **208 North Washington** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Albert** Middle **- -** Last **Anderson**

4. DATE OF DEATH Month **April** Day **20** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-13-1881** 9. AGE (last birthday) **80**

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shop Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and state or country) **Beaman, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **William Anderson** 13b. MOTHER'S MAIDEN NAME **Nellie Hickman** 14. NAME OF HUSBAND OR WIFE **Lena 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. **Unknown** 17. INFORMANT Address **Lena Anderson - 208 North Washington Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Pulmonary Embolus**

(b) **Arteriosclerotic Heart Disease**

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

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Infected ulcer left big toe**

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 **April 10, 1962** to **April 20, 1962** and last saw her/him alive on **April 20, 1962**

Death occurred at **2:30 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Masao Ohmori M.D.** 22b. ADDRESS **Mo Pac Hosp.** 22c. DATE SIGNED **4/21/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4/22/62** 23c. NAME OF CEMETERY OR CREMATORY **Crownhill Annex Cemetary** 23d. LOCATION (City, town, or county) **Sedalia, Missouri**

24. FUNERAL DIRECTOR **Price Alexander Mortuary - Sedalia, Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **APR 23 1962** 26. REGISTRAR'S SIGNATURE **Carl Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

VS MAY 16 1962

MAY 8 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 [Signature]

Licensed Embalmer No. 4243

P. O. Address Seebald Ave

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.