

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018740

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. ~~132~~ Registrar's No. 100

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 28 1962**

1. PLACE OF DEATH  
 a. COUNTY **GRUNDY**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **TRENTON TOWNSHIP** Length of stay in 1b **3 MONTHS**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ROUTE # 3** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MISSOURI** COUNTY **GRUNDY**  
 c. CITY OR TOWN **TRENTON** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **ROUTE # 3** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **TERESA ANN ANDERSON**  
 4. DATE OF DEATH Month Day Year **MAY 10, 1962**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **JAN. 24, 1962** 9. AGE (last birthday) Months **3** Days **16** Hours **0** Min. **0**  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CHILD** 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) **TRENTON, MISSOURI** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **JOHN A. ANDERSON** 13b. MOTHER'S MAIDEN NAME **JEANNE KAY BAIER** 14. NAME OF HUSBAND OR WIFE **NONE**

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 **JOHN A. ANDERSON, RTE. #3, TRENTON, MO.** 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) **DEATH DUE TO NATURAL CAUSES--EXACT CAUSE**  
 DUE TO (b) **NOT DETERMINED - FOUND DEAD IN BED.**  
 DUE TO (c)  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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

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 **1-24-1962** to **5-10-1962** and last saw her <sup>her</sup> <sub>him</sub> alive on **MARCH 1, 1962**  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *[Signature]* 22b. ADDRESS **TRENTON, MISSOURI** 22c. DATE SIGNED **5/11/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **5/12/62** 23c. NAME OF CEMETERY OR CREMATORY **ALPHA CEMETERY** 23d. LOCATION (City, town, or county) (State) **LAREDO, MISSOURI**

24. FUNERAL DIRECTOR **E. J. ROBERTSON FUNERAL HOME,** ADDRESS **LAREDO, MO.** 25. DATE RECD. BY LOCAL REG. **5/21/62** 26. REGISTRAR'S SIGNATURE *[Signature]*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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131-0

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 *J. M. Robertson*

Licensed Embalmer No. 4388  
P. O. Address Laredo, Tex

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.