MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-024209
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0850
2 0850
3
4 0
5 1
6
7 0
8 2
9 9271
10 3
11 085
12 0-3
13 1-0

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 71

FILED JUN 20 1962

1. PLACE OF DEATH
a. COUNTY Pulask
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Twsp — Length of stay in 1b —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ON River Riesewether Farm — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Waynesville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD 1 Box 176 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Everett Middle Paul Last Anderson
4. DATE OF DEATH Month June Day 8 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Oct 8-1899
9. AGE (last birthday) 62
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Pulaski County MO
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Thomas J. Anderson
13b. MOTHER'S MAIDEN NAME Belle Salsman
14. NAME OF HUSBAND OR WIFE Leola H. Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-10-947
17. INFORMANT Leola H. Anderson Address Waynesville RFD 1 Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anaphylactic Reaction — INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Insect Bites
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

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 6/8/1962 to _____ and last saw him alive on 6/8/1962
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clarence Moss (Degree or title) Coroner
22b. ADDRESS Waynesville, Mo
22c. DATE SIGNED 6/8/1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/10/1962
23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
23d. LOCATION (City, town, or county) (State) Richland Missouri

24. FUNERAL DIRECTOR Clarence Moss ADDRESS Moss-Williams Richland Mo
25. DATE RECD. BY LOCAL REG. 6-10-62
26. REGISTRAR'S SIGNATURE Eula Faye Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Permit attached 6-10-62

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_____ Signed Clarence P Moss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.