

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027487

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 401

FILED AUG 14 1962

VS 300 Rev. 4/59

0499
20499

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4 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If outside, give location) 2514 Tyler Ave	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Lillie Middle Anderson Last Anderson			4. DATE OF DEATH Month August Day 7th Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1901
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months 61 Days Hours Min. 	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) St Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charlie Jones	
13b. MOTHER'S MAIDEN NAME Laura Madden		14. NAME OF HUSBAND OR WIFE Roy 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 Mrs Charles LeRoy Brown		Address 2525 Adele., Joplin, 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) Pulmonary Edema due to DUE TO (b) mitral stenosis due to DUE TO (c) Rheumatic Heart dis			INTERVAL BETWEEN ONSET AND DEATH 4+ yrs 8+ yrs 12+ yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Auricular Fibrillation			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 1-12-15-53 to and last saw her him alive on 8-7-62		Death occurred at 7:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H.K. Williams MD (Degree or title)		22b. ADDRESS 301 Medical Arts Bldg. Joplin, Missouri	22c. DATE SIGNED 8-9-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-9-1962	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary	ADDRESS Joplin, Mo	25. DATE RECD. BY LOCAL REG. 8-10-1962	26. REGISTRAR'S SIGNATURE Dove Merriam

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 Tracy Herbert McCurdy

Licensed Embalmer No. 5125

P. O. Address Joplin, 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.