

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031906
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 201 Primary Registration District No. 2048 Registrar's No. 200

FILED AUG 20 1962

VS 300
Rev. 4/59

6745
28140

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Taylor	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville,		Length of stay in 1b 25 days	c. CITY OR TOWN Bedford Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1007 Central Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last THOMAS ELLIOTT ANDERSON			4. DATE OF DEATH Month Day Year August 11 1962
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian		10b. KIND OF BUSINESS OR INDUSTRY Veterinary	9. AGE (last birthday) 86 IF UNDER 1 YEAR Months 0 Days 7 IF UNDER 24 HR Hours 7 Min.
11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Anderson		13b. MOTHER'S MAIDEN NAME Sarah Maxwell	14. NAME OF HUSBAND OR WIFE Bertha Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Bertha Anderson Bedford, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism with Terminal Bronchia Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1 day DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 3 hrs
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. <input type="checkbox"/> Yes <input checked="" 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 7/17/62 to 8-11-62 and last saw her/him alive on 8-11-62 Death occurred at 2:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. P. Jones M.D. (Degree or title)		22b. ADDRESS Maquokette Mo.	22c. DATE SIGNED 8-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 13, 1962	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Bedford Iowa
24. FUNERAL DIRECTOR Boyd E. Nowinger ADDRESS Bedford, Iowa		25. DATE RECD. BY LOCAL REG. 8-11-62	26. REGISTRAR'S SIGNATURE Bers 1601

USE BLACK INK OR TYPEWRITER RIBBON

AUG 21 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 Boyd G. Nowinger, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Boyd G. Nowinger

Licensed Embalmer No. 5136 MISSOURI

P. O. Address BEDFORD, IOWA

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.