

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041923

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59

Primary Registration District No. _____

Registrar's No. 192

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rural Austan

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DOA Memorial Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Webb City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
832 N. Campbell

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
Thomas Colin Anderson

4. DATE OF DEATH
Month Day Year
November 18 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-21-1939

9. AGE (last birthday)

23

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)
Service Station

10b. KIND OF BUSINESS OR INDUSTRY

Service Station

11. BIRTHPLACE (City and state or country)

Galena, Kansas

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Richard Anderson

13b. MOTHER'S MAIDEN NAME

Blanche Jones

14. NAME OF HUSBAND OR WIFE

Gladys Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

509-38-9119

17. INFORMANT

Mrs. Gladys Anderson, Webb City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Internal Hemorrhage of Chest Cavity

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

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

DUE TO (b)

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.)

Car accident

20c. TIME OF INJURY Hour a.m. Month, Day, Year
2:40 a.m. 11-18-62

20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)
WHILE AT WORK ☐ NOT WHILE AT WORK ☒

6 mi South of Harrisonville Cass. Mo.

20f. CITY, TOWN, OR LOCATION

Harrisonville

COUNTY

Cass

STATE

Mo.

21. I attended the deceased from _____ to 11-18-1962 and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Glenn Cummins Cass Co Coroner

(Degree or title)

22b. ADDRESS

Harrisonville Mo

22c. DATE SIGNED

11-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-21-1962

23c. NAME OF CEMETERY OR CREMATORY

Mount Hope Cemetery

23d. LOCATION (City, town, or county)

Webb City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mason Chapel, 108 Range Line, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

11-21-1962

26. REGISTRAR'S SIGNATURE

Per Robert J. DeBree

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6190

26495

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11 019

12 72-3

13 2-0

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 Ernest R. Rittenburg

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.