

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007627

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 207

Primary Registration District No.

Registrar's No. 11

FILED FEB 28 1963

1. PLACE OF DEATH

a. COUNTY

Maries

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

Length of stay in 1b

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

a. STATE Missouri b. COUNTY Maries

c. CITY OR TOWN Vichy

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION None

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Johnson Twp

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Senora

C.

Anderson

4. DATE OF DEATH

Month

Day

Year

Feb 15, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-12-1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months 1 Days 3

IF UNDER 24 HR

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

None

11. BIRTHPLACE (City and state or country)

Belleville, Ill

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John P. Morck

13b. MOTHER'S MAIDEN NAME

Alma Klass

14. NAME OF HUSBAND OR WIFE

James A. Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

James A. Anderson, Vichy, 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)

DUE TO (b)

DUE TO (c)

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

Myocardial Infarction
Coronary Insufficiency

Interval Between Onset and Death
10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

NA

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 2/13/63 to 2/15/63 and last saw her alive on 2/14/63
Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Dr. J. P. Morck

22b. ADDRESS

Calla, Mo

22c. DATE SIGNED

2/28/63

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-17-1963

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

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

St. James, Missouri

24. FUNERAL DIRECTOR

200 S. Meramec

Jesse Gahr, St. James, Mo.

25. DATE RECD. BY LOCAL REG.

2-18-63

26. REGISTRAR'S SIGNATURE

Mozelle Hutchinson

MAR 22 1963

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

C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address H. James, 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.