

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012721

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 53

STATE FILE NUMBER

FILED APR 15 1963

I. PLACE OF DEATH

a. COUNTY

PIKE

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

Length of stay in 1b
2wks

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

PIKE CO. HOSPITAL

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

a. STATE

ILLINOIS

b. COUNTY

CALHOUN

c. CITY OR TOWN

MOZIER, ILL.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First JAMES

Middle FRANKLIN

Last ANDERSON

4. DATE OF DEATH

Month

Day

Year

4

8

63

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

8

Days

10

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

CON. FISHERMAN

11. BIRTHPLACE (City and state or country)

NORTH CALHOUN CO. ILL. U.S.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

JAMES ANDERSON

13b. MOTHER'S MAIDEN NAME

OLLIE ZUMWALT

14. NAME OF HUSBAND OR WIFE

EMMA V.

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

16. SOCIAL SECURITY NO.

544-52-5771

17. INFORMANT

Emma V. Anderson

Address

Mozier, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

one week

DUE TO (b)

Congestive Heart Failure

two weeks

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 3 a.m. 30 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 3-30-63 to 4-8-63 and last saw him alive on 4-8-63
Death occurred at 3:30 p.m. on the date stated above, and, to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. Joe Martin

M.D.

22b. ADDRESS

Louisiana, Mo

22c. DATE SIGNED

4-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4/8/63

23c. NAME OF CEMETERY OR CREMATORY

Anderson Cemetery

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

Pleasant Hill, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

WARD FUNERAL HOME

PLEASANT HILL, ILL.

April 8, 1963

Bernice Collins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS:300
Rev. 4/59

1 0822

2 8120

3

4 0

5 1

6

7 1

8 2

9 434.1

10

11

12 1-0

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,

Frank Ward, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Frank Ward

Licensed Embalmer No. 9620

P. O. Address Pleasant Hill, Ill.

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.