

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014566

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6114 Registrar's No. 77

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Scott

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

Length of stay in 1b
65 Years

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

Inside Limits
Yes ☒ No ☐

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

a. STATE Mo. b. COUNTY Scott

c. CITY OR TOWN Morley Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Reside on Farm.
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Charlie Anderson

4. DATE OF DEATH
Month Day Year
March 17, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 22, 1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 2 YEAR
Months Days Hours Min.

7 25

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

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Mississippi Co.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Tom Anderson

13b. MOTHER'S MAIDEN NAME

Mollie Scott

14. NAME OF HUSBAND OR WIFE

Ida Dupree 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.

492-42-2683

17. INFORMANT

Ida Anderson, Morley, 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)

Congestive Heart failure

DUE TO (b)

Arteriosclerotic Heart disease

DUE TO (c)

Heart block

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

Evidence of old myocardial infarct

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 3/17/63 and last saw him alive on 3/12/63
Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. Le Roy Thomas M.D.

22b. ADDRESS 24 North Sprigg St.
Cape Girardeau, Missouri

22c. DATE SIGNED

3/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

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

(State)

Burial Mar. 19, 1963 New Morley Cem. Morley, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Albritton Funeral Home, Sikeston, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

March 25, 1963 Jeannette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAR 29 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

Raymond L. Duffie

Licensed Embalmer No.

4798

P. O. Address

Berme, 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.

Permit issued March 17-1963