

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015585

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No. _____

Registrar's No. 39

FILED MAY 2 1963

1. PLACE OF DEATH

a. COUNTY

Gentry

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

Athens Township

Length of stay in 1b

lifetime

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

HOSPITAL OR
INSTITUTION S.E. of Albany

Inside Limits

Yes ☐ No ☒

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

a. STATE

Missouri

b. COUNTY

Gentry

c. CITY

OR

TOWN

Athens Township

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

S.E. of Albany

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

JOHN

HUSTON

ANDERSON

4. DATE

Month

Day

Year

DEATH

April 24,

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/1/80

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

farming

10b. KIND OF BUSINESS OR INDUSTRY

agriculture

11. BIRTHPLACE (City and state or country)

Gentry Co., Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

James S. Anderson

13b. MOTHER'S MAIDEN NAME

Susan C. Walker

14. NAME OF HUSBAND OR WIFE

Bertha Evans Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Elmo Anderson

Albany, 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)

leisionary Occlusion

INTERVAL BETWEEN

ONSET AND DEATH

5 min

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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☐ Unknown19. 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

Month, Day, Year

a.m.
p.m.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

viewed body after death

22. SIGNATURE

(Signature or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

April 26, 1963

23c. NAME OF CEMETERY OR CREMATORY

Grandview

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

Albany,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Brooks-Cochell Funeral Home Albany, Mo.

4-30-63

Mrs. L. W. Bang

(Licensed Embalmer's Statement on Reverse Side)

Rec'd
4-30-63

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 me, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cochief

Licensed Embalmer No. 4868

P. O. Address Albany, 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.