

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019040

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 401

FILED JUN 13 1963

VS 300
Rev. 4/59

1 0109

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Bonne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bonne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	
Length of stay in 1b <u>69 yrs.</u>		Inside Limits <u>Yes</u> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Co. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>407 Park</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MAGGIE MARGARET B. ANDERSON</u>		4. DATE OF DEATH Month Day Year <u>June 7. 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 22-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bonne County Mo. U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Parks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-36-7149</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma metastatic retroperitoneal & intra pleura</u> DUE TO (b) <u>Carcinoma of hepatic flexure</u> DUE TO (c) <u>Carcinoma of hepatic flexure</u>		17. INFORMANT Address <u>Mrs. J. Mitchell Columbia Mo.</u>	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>6:45</u> a.m. p.m. Month, Day, Year <u>June 7, 1963</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <u>June 1961</u> to <u>June 7, 1963</u> and last saw her alive on <u>June 7, 1963</u> Death occurred at <u>6:45</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Deedee or title) <u>James M. Baker M.D.</u>		22b. ADDRESS <u>Columbia, Mo.</u>	
22c. DATE SIGNED <u>June 11, 1963</u>		23. NAME OF CEMETERY OR CREMATORY <u>Columbia, Mo.</u>	
23a. LOCATION (City, town, or county) <u>Columbia, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 11, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>			

USE BLACK INK

OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSISSIPPI

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 Nancy Warner Sr

Licensed Embalmer No. 5913

P. O. Address Cal MD

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.