

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-019904**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 97

STATE FILE NUMBER

**FILED JUN 3 1963**

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Willow Spgs. Twp.</b>		c. CITY OR TOWN <b>Berwyn</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 60&amp;63</b>		d. STREET ADDRESS (If outside, give location) <b>3309 S. Home Ave.</b>	

3. NAME OF DECEASED (Type or print) <b>GEORGE A. ANDERSON</b>	4. DATE OF DEATH <b>May 25, 1963</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau.</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/1/36</b>	9. AGE (last birthday) <b>26</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>24</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Peoples Gas Co.</b>	11. BIRTHPLACE (City and state or country) <b>Lake Belagonom, Wisc.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Lester Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Madelyn Coss</b>	14. NAME OF HUSBAND OR WIFE <b>Un-married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>323-30-6022</b>	17. INFORMANT Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Head Lacerations &amp; Chest Injuries</b> Automobile Accident		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Highway Automobile Accident</b>
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20c. TIME OF INJURY <b>9:30AM</b>	Hour <b>5/25/63</b> s.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highways 60&amp;63</b>	20f. CITY, TOWN, OR LOCATION <b>3 Mi. East - Willow Spgs (Howell) Mo</b>	COUNTY	STATE
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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.) <b>Highways 60&amp;63</b>	20f. CITY, TOWN, OR LOCATION <b>3 Mi. East - Willow Spgs (Howell) Mo</b>	COUNTY	STATE
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Frank Cook</i> (Degree or title) <b>Frank Cook, Coroner</b>	22b. ADDRESS <b>West Plains, Mo.</b>	22c. DATE SIGNED <b>5/25/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5/27/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Chicago - Area</b>	23d. LOCATION (City, town, or county) <b>Chicago, Ill.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Ahlgrim - 5701 W. Division, Chicago, Ill.</b>	25. DATE RECD. BY LOCAL REG <b>5/28/63</b>	26. REGISTRAR'S SIGNATURE <i>George [Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1 0460  
2 8120-  
3  
4 0  
5 0  
6  
7 1  
8 0  
9 X  
10  
11 046  
12 91-3  
13 3-0

DO NOT WRITE ON THIS STATUS  
VS 300  
Rev. 4/59  
AMENDED

**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 T.R. Burns *T.R. Burns*

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.