

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027792

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 29

FILED AUG 7 1963

1. PLACE OF DEATH

a. COUNTY Dunklin

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

Length of stay in 1b
8 yrs.

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

Inside Limits
Yes ☐ No ☐

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

a. STATE Missouri b. COUNTY Dunklin

c. CITY OR TOWN Campbell

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
City

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Mary Louise Anderson

4. DATE OF DEATH
Month Day Year
August 1 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Nov. 5, 1899

9. AGE (last birthday)
63

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (City and state or country)
East St. Louis, Ill.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Andrew Anderson

13b. MOTHER'S MAIDEN NAME

Louise Godair

14. NAME OF HUSBAND OR WIFE

None

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

16. SOCIAL SECURITY NO.
None

17. INFORMANT Address
Mrs. Don Dunscombe, Rt. 2 Strugeon, 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)

ACUTE PULMONARY EMBOLUS

INTERVAL BETWEEN ONSET AND DEATH
1/2 HOUR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

5 YEARS

DUE TO (c)

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

MONGOLISM - BIRTH

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 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 12-26-62 to 8-1-63 and last saw her 7-24-63
Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Charles Williams, M.D.

22b. ADDRESS

MALDEN, MO.

22c. DATE SIGNED

8-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Aug. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Stanfield Cemetery

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

Clarkton, Rt. 1, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Landess Funeral Home, Campbell, Mo.

25. DATE RECD. BY LOCAL REG.

8-3-1963

26. REGISTRAR'S SIGNATURE

Mrs. Donal Dunscombe

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10850

20350

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94200

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1286-0

137-0

AUG 10 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 Richard V. Beale

Licensed Embalmer No. 5116

P. O. Address Malden, 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.