

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029017

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 128

FILED JUL 18 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	
Length of stay in lb 36 yrs.		Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace Hosp		d. STREET ADDRESS (If outside, give location) 461 S. Monroe	
3. NAME OF DECEASED (Type or print) First Thomas Middle Christopher Last Anderson		4. DATE OF DEATH Month July Day 14 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7-13-63
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) Lebanon, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Billy M. Anderson		13b. MOTHER'S MAIDEN NAME Julie Mae Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Billy M. Anderson, Lebanon, Mo.		Address 461 S. Monroe	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral anoxia DUE TO (b) maternal Placenta Abruptio DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 28 hrs	
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 ☐ 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.) birth		20f. CITY, TOWN, OR LOCATION Lebanon, Mo.	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 2:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dr. Fredrick W. Perry (Degree or title)	
22b. ADDRESS Lebanon, Mo.		22c. DATE SIGNED 7/16/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-15-63	23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	23d. LOCATION (City, town, or county) Perry, Missouri
24. FUNERAL DIRECTOR J. J. Shadel	ADDRESS Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. 7-16-1963	26. REGISTRAR'S SIGNATURE Hella L. Day

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 0.535
2 0.535
3
4 0
5 0
6
7 0
8 0
9 761.0
10
11
12 1-0
13 1-0

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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 Issue 7-15-1963 H.C.H.