

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-032909**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 207 Primary Registration District No. 3043 Registrar's No. 322

**FILED SEP 9 1963**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>207 Pine Street</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Robert Anderson</u>			4. DATE OF DEATH Month Day Year <u>August 19 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 19, 1902</u>
9. AGE (last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Laborer</u>	11. BIRTHPLACE (City and state or country) <u>Salt River, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>Lucille Anderson</u>	
13a. FATHER'S NAME <u>Buck Anderson</u>		14. SOCIAL SECURITY NO. <u>[REDACTED]</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>		17. INFORMANT <u>Mrs. Lucille Anderson Hannibal, Missouri</u>	
16. ADDRESS <u>207 Pine Street</u>		18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal pneumonia</u> Congestive heart failure Diabetis "ellitus & Arteriosclerosis heart disease Interval between onset and death <u>3 days</u> years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>years</u> DUE TO (c) <u>years</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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>Hannibal Marion Mo.</u>		
21: I attended the deceased from <u>5/24/63</u> to <u>8/19/63</u> and last saw her/him alive on <u>8/19/63</u> Death occurred at <u>8:40</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>		22b. ADDRESS <u>1209 Broadway, Hannibal, Mo.</u>	
22c. DATE SIGNED <u>8/27/63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23d. LOCATION (City, town, or county) (State) <u>Frankford Missouri</u>	
25. DATE RECD. BY LOCAL REG. <u>Aug. 24, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Rucke by William M. Altman</u>	
24. FUNERAL DIRECTOR <u>Eduard E. Robinson</u>		25. ADDRESS <u>Hannibal, Missouri</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Edward E. Robinson  
Edward E. Robinson  
Licensed Embalmer No. 4999  
P. O. Address Hannibal, Missouri

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 raised  
8/28/63*