

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042525

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 262

FILED NOV 15 1963

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b 15 YEARS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 307 WESTGATE ST.		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last SADIE ANDERSON		4. DATE OF DEATH Month Day Year 11 7 1963	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6/4/1906
9. AGE (last birthday) 57	IF UNDER 1 YEAR Months 3 Days 3		IF UNDER 24 HR Hours .Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (City and state or country) TUTWILDER, MISS.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GREEN PRICE		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE ROBERT ANDERSON		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. 403-32-6363		17. INFORMANT ROBERT ANDERSON, SIKESTON, 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) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>diabetes mellitus, generalized arteriosclerosis</u> PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u> <u>Yrs.</u>
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 <u>July 4, 1960</u> to <u>Nov. 7, 1963</u> and last saw her <u>alive</u> on <u>November 7, 1963</u> Death occurred at <u>2:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thomas Maltrud</u> (Deceased or title)		22b. ADDRESS <u>307 W. Malone, Sebastian Mo.</u>	
22c. DATE SIGNED <u>11/11/63</u> (State)		23. NAME OF CEMETERY OR CREMATORY <u>SUNSET OF MEMORY</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11/12/63</u>	
24. FUNERAL DIRECTOR ALVIN DOTSON, SIKESTON, MO.		25. DATE RECD. BY LOCAL REG. <u>Nov 13 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>		27. ADDRESS SIKESTON, MO.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 1007

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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 Chris S. Marsh

Licensed Embalmer No. 46001

P. O. Address Seymour, N.Y.

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.

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8-1-8

NO-0

Permit received April 7, 1963