

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044848

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 235

VS 300
Rev. 4/59

10781

20781

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94201

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Pemiscot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hayti</i>		c. CITY OR TOWN <i>Hayti</i>	
Length of stay in 1b <i>Unknown</i>		Inside Limits <i>Yes</i> ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>105 N. 2nd, St.</i>	
Reside on Farm <i>Yes</i> ☐ No ☒			
3. NAME OF DECEASED (Type or print) First <i>Eliza</i> Middle <i>Gertrude</i> Last <i>Anderson</i>		4. DATE OF DEATH Month <i>November</i> Day <i>18</i> Year <i>1963</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <i>10-27-1885</i>
9. AGE (last birthday) <i>78</i>		IF UNDER 1 YEAR Months <i></i> Days <i></i>	IF UNDER 24 HR Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>X</i>	11. BIRTHPLACE (City and state or country) <i>Dixon, Ky.</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Perry T. Vaughn</i>		13b. MOTHER'S MAIDEN NAME <i>Matilda Hall</i>	
14. NAME OF HUSBAND OR WIFE <i>Will Anderson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>X</i>	
17. INFORMANT <i>Will Anderson</i>		Address <i>Hayti, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary infarct</i>			INTERVAL BETWEEN ONSET AND DEATH <i>20 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocardial infarction</i>			<i>2 or 3 years</i>
DUE TO (c) <i>Hypertensive disease</i>			<i>2 or 3 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerosis</i>			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 <i></i> a.m. <i></i> p.m. <i></i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. attended the deceased from <i>11-15-63</i> to <i>11-18-63</i> and last saw her alive on <i>11-18-63</i>		Death occurred at <i>7:40 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>A. S. Sloan</i> M.D.		22b. ADDRESS <i>Hayti, Mo.</i>	
22c. DATE SIGNED <i>11-19-63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-29-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Hayti, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Osborn Funeral Home, Hayti, Mo.</i>		25. DATE REC'D. BY LOCAL REG. <i>11-21-63</i>	
		26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>	

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. 4785

P. O. Address Hayti, 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.