

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24265

State File No. _____

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 15

422

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY HENRY	
b. CITY OR TOWN Clinton		c. CITY OR TOWN Clinton mo 0422	
c. LENGTH OF STAY (In this place) 6hr		d. STREET ADDRESS (If rural, give location) 707 N 2nd St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) HENRY c. (Last) ANDERSON			4. DATE OF DEATH (Month) (Day) (Year) July 30 1952		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct 2 1880	9. AGE (In years last birthday) 71	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work <small>the during most of working life, even if retired</small>) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gentry Co mo		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME MARTIN ANDERSON		13b. MOTHER'S MAIDEN NAME KATHERINE KIDGREY		14. NAME OF HUSBAND OR WIFE PEARL	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs D H Anderson		ADDRESS Clinton Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 WK	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY - SB				8 YR	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from **28 July, 1952**, to **30 July, 1952**, that I last saw the deceased alive on **30 July, 1952**, and that death occurred at **1:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Nugh B. Walker, MD (Degree or title)		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 30 July 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 1 1952		24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD		24d. LOCATION (City, town, or county) (State) Clinton MO	
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DATE REC'D BY LOCAL REG Aug 22		REGISTRAR'S SIGNATURE Florence Adams		EMERALD DIRECTOR'S SIGNATURE J E Consoled		ADDRESS Clinton Mo	
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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
Student Embalmer

Signed J E Cousins

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.

1952
AUG 8