

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. **26952**

BIRTH NO. _____		REG. DIST. NO. 131		PRIMARY REG. DIST. NO. 5508		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		c. LENGTH OF STAY (In this place) 11 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		d. STREET ADDRESS (If rural, give location) South Deepwater	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Deepwater				d. STREET ADDRESS (If rural, give location) South Deepwater			
3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) Martha c. (Last) Anderson			4. DATE OF DEATH (Month) (Day) (Year) August 13 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH August 5, 1890	
9. AGE (In years last birthday) 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Belton, Missouri	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Joseph Duck		13b. MOTHER'S MAIDEN NAME Cumi Stoner		14. NAME OF HUSBAND OR WIFE Charles 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. none		17. INFORMANT'S SIGNATURE OR NAME Nick Carter ADDRESS Deepwater, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary thrombosis ANTECEDENT CAUSES Hypertensive cardiovascular disease Morbidity 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. None					INTERVAL BETWEEN ONSET AND DEATH 1 year
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION. 4201					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1945, to Aug 13, 1954 , that I last saw the deceased alive on July 9, 1954 , and that death occurred at 12:30 Am. , from the causes and on the date stated above.							
23a. SIGNATURE S. B. Hughes M.D. (Degree or title)				23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 8/13/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 15, 54		24c. NAME OF CEMETERY OR CREMATORY Westline		24d. LOCATION (City, town, or county) (State) Westline, Missouri	
DATE REC'D BY LOCAL REG. Aug 15-54		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE E. Conner ADDRESS Clinton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

420

0420

AUG 27 1958

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

Eugene R. Consalus

Licensed Embalmer No. *4680*

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.