

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

#4164
STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 686

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 give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (If outside, give location) 204 S. Tebo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 3 yrs.			

3. NAME OF DECEASED (Type or print) First Hattie Middle A Last Anderson			4. DATE OF DEATH Month Dec. Day 23 Year 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 11, 1875	9. AGE (In years last birthday) 82 yrs.	IF UNDER 1 YEAR Months 2 Days 2	IF UNDER 24 HRS. Hours 2 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cooper Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John W. Rose	13b. MOTHER'S MAIDEN NAME Mollie E. Wyatt	14. NAME OF HUSBAND OR WIFE James Anderson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Newt Christian Windsor, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Failure		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last.	DUE TO (b) Acute Infectious Pneumonia	2 wks.
	DUE TO (c) Hypertensive Arteriosclerotic Heart Disease	4 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral Kidney Calculi + Renal Disease		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.) 480X
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20c. TIME OF INJURY Hour 11:30 p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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 Windsor Mo COUNTY STATE
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21. I attended the deceased from June 1 - '54 to Dec 23 - '57 and last saw her alive on Dec 23 - '57 Death occurred at 11:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Gaude M. Thurber M.D.	22b. ADDRESS Windsor Mo	22c. DATE SIGNED, 12-27-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 26, '57	23c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cemetery	23d. LOCATION (City, town, or county) (State) Windsor, Mo.
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24. FUNERAL DIRECTOR Ellis Huston, Windsor, Mo. ADDRESS	25. DATE RECD. BY LOCAL PD. 1-2-58	26. REGISTRAR'S SIGNATURE Mildred Bigum
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Clifford Houze*

Licensed Embalmer No. *5014*
P. O. Address *Windsor, Ma.*

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.