

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005260

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 716

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>warren</u> <u>at 1</u> <u>2078</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Forest Spring</u>		Length of stay in lb <u>3 months</u>	d. STREET ADDRESS (If outside, give location) <u>7 mile N. W. of</u> <u>warren</u>
3. NAME OF DECEASED (Type or print) <u>James Leslie Anderson</u>		4. DATE OF DEATH <u>Feb 7 1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 25, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE (In years last birthday) <u>71</u>
13. FATHER'S NAME <u>James W. Anderson</u>		14. MOTHER'S MAIDEN NAME <u>Hewens Byrd</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no. or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-42-8774</u>	
17. INFORMANT <u>Almeda Anderson</u>		Address <u>warren at 1</u>	
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>Pulmonary Edema due to Cardiac Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Emphysema + Bronchitis</u>			<u>24 hrs.</u>
DUE TO (c) <u>Cystic Disease of the Lung</u>			<u>years?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. <u>Chronic Emphysema + Bronchitis</u>			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.)		
20c. TIME OF INJURY Hour <u>2:45 PM</u> Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Oct. 1957</u> to <u>Feb 7th 58</u> and last saw <u>him</u> alive on <u>2-7-58</u> Death occurred at <u>2:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arturo Gonzalez Do</u>		22b. ADDRESS <u>616 So. Second Clinton</u>	
22c. DATE SIGNED <u>2-8-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/10/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wyeager Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Benton Co., mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Fred Harrison</u> ADDRESS <u>Lincoln</u>		25. DATE RECD. BY LOCAL REG. <u>2-10-58</u>	
26. REGISTRAR'S SIGNATURE <u>Richard Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Richard D. Conn*.....

Licensed Embalmer No. *470*.....

P. O. Address *Lepton, N.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.