

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-024053**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3033 Registrar's No. 189

FILED JUL 8 1963

VS 300	DATE AMENDED
Rev. 4/59	
<u>10425</u>	
<u>20425</u>	
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4 0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <u>Missouri</u> COUNTY <u>Henry</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in 1b <u>40 yrs.</u>		c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Henry St</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>West Henry St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES S ANDERS</u>			4. DATE OF DEATH Month Day Year <u>June 27 1963</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>5-7-1901</u>		9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u> IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Calloun Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>T J Anders</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Little</u>	
14. NAME OF HUSBAND OR WIFE <u>-</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year and type of service) <u>Infantry 4/2/1930</u>		16. SOCIAL SECURITY NO. <u>496-01-3219A</u>	
17. INFORMANT <u>Army Record Transcript</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>Unknown Natural Causes.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immed.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY STATE	
21. I attended the deceased from <u>unattended</u> to _____ and last saw her alive on _____ Death occurred at <u>Lexington</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Richard H. King M.D. Henry County coroner</u>		22b. ADDRESS <u>106 S. 3rd Clinton Mo.</u>		22c. DATE SIGNED <u>7-2-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-1-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Engelwood</u>	
23d. LOCATION (City, town, or county) <u>Clinton Mo.</u>		23e. LOCATION (City, town, or county) <u>Clinton Mo.</u>		23f. LOCATION (City, town, or county) <u>Clinton Mo.</u>	
24. FUNERAL DIRECTOR <u>F.L. SCHABER</u>		ADDRESS <u>Clinton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 2-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Begum</u>					

USE BLACK INK OR TYPEWRITER RIBBON

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2-07

Permit Obtained 9-2-63 (M.A.)

**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.

*was not embalmed.  
External fluid applied.*  
Signed *F. Z. Schaberg*

Student \_\_\_\_\_  
Signature of Student Embalmer

Licensed Embalmer No. 4513

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.