

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-039243
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 430

FILED OCT 18 1965

VS 300 Rev. 4/59
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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
Length of stay in 1b		Inside Limits (If outside, give location) <u>804 East High St.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Mary's Hospital</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <u>MRS. MARY ALYDA ANDERSON</u>		4. DATE OF DEATH <u>October 15, 1965</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-29-1892</u>	
9. AGE (last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Centertown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Alex Riner</u>		13b. MOTHER'S MAIDEN NAME <u>Dolly Shull</u>	
14. NAME OF HUSBAND OR WIFE <u>Carl H. Anderson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>487-22-1829</u>		17. INFORMANT <u>Mr. Wm. A. Anderson, Jefferson City, Mo.</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>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> 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		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</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, 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	
20g. STATE		21. I attended the deceased from <u>1959</u> to <u>Oct 17, 1965</u> and last saw her alive on <u>Oct 17, 1965</u> Death occurred at <u>2:45</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>L. D. Klebla M.D.</u>		22b. ADDRESS <u>Jefferson City, Mo.</u>	
22c. DATE SIGNED <u>10-15-65</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Oct. 17, 1965</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Centertown, Missouri</u>		24. FUNERAL DIRECTOR <u>Buescher Memorial, Jefferson City, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>10-16-65</u>		26. REGISTRAR'S SIGNATURE <u>Norma Miller</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 Barbara J. Buescher

Licensed Embalmer No. 5285

P. O. Address Jefferson City, 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.