

FILED OCT 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29835

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marion		c. LENGTH OF STAY (In this place) 7 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 1 Centertown, Mo		d. STREET ADDRESS (If rural, give location) Rt #1 Centertown, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Edward c. (Last) Anderson	4. DATE OF DEATH (Month) (Day) (Year) Sept 28 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 2 Days 14	IF UNDER 24 HRS. Hours 1 Min. 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hugh Anderson	13b. MOTHER'S MAIDEN NAME Anna Sartin	14. NAME OF HUSBAND OR WIFE Grace Bolin
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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) No	16. SOCIAL SECURITY NO. 499.03.7354	17. INFORMANT'S SIGNATURE OR NAME Grace M Anderson	ADDRESS Centertown, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rhabdomyosarcoma of P.L.V.'s		6 Months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis DUE TO (c)		3 Months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 1, 1949**, to **Sept 28, 1950**, that I last saw the deceased alive on **Sept 26, 1950**, and that death occurred at **5/35A** m., from the causes and on the date stated above.

23a. SIGNATURE Kenneth Latham	(Degree or title) M.D.	23b. ADDRESS California, Mo	23c. DATE SIGNED 9-29-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/30/1950	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Marion, Mo
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DATE REC'D BY LOCAL REG. Sept 30	REGISTRAR'S SIGNATURE 70 Mrs. Minnie Hittumeyer	25. FUNERAL DIRECTOR'S SIGNATURE Tease R. Bowlin	ADDRESS California
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

260

220

RECEIVED

10/5/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

10/8/50

SEP 25 1950

OCT 17 1950

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

Jack Howard Rowlin

working under my personal supervision.

Student Embalmer No. 392

Signed Jack Rowlin
Student Embalmer

Signed Earl R. Rowlin

Licensed Embalmer No. 2126

P. O. Address California

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.