

FILED NOV 9 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33005

State File No. _____
 Registrar's No. 11

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole Co</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, write RURAL and give township) OR TOWN <u>Centertown, MO Marion</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Centertown, Mo</u> | | d. STREET ADDRESS (If rural, give location) <u>Centertown, Mo</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Emma</u> c. (Last) <u>Anderson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3 1951</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 28. 1886</u> |
| 9. AGE (In years last birthday) <u>65</u> | | 10. MONTHS <u>2</u> | 11. DAYS <u>6</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Cole Co, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Maritz Schriober</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Wilmina Schrioder</u> | | 14. NAME OF HUSBAND OR WIFE <u>John K. 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John K. Anderson, Centertown</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Blood Clott.</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Dead when first seen</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/10</u> , 19 <u>51</u> , and that death occurred at <u>11/10</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H. J. Peterson</u> | | 23b. ADDRESS <u>S. O. California, Mo.</u> | |
| 23c. DATE SIGNED <u>11/5/51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>11/5/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Centertown, Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bouslin, California Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov. 6</u> | | REGISTRAR'S SIGNATURE <u>70 Mrs. Mammie Hittman</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 8 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 8 - 1951

NOV 23 1951

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Earl Boush

Signed _____
Student Embalmer

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.