

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13682**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **5306** Registrar's No. **5'**

1. PLACE OF DEATH a. COUNTY Cole Co				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) Rural		c. LENGTH OF STAY (If this place) Marion 3 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural		0260 Marion	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rt # 1. Centertown, Mo				d. STREET ADDRESS (If rural, give location) Rt # 1. Centertown, Mo			
3. NAME OF DECEASED a. (First) Anna			b. (Middle) Laura		c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) Apr 18 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 26 1867		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 7	IF UNDER 100 HOURS Hours 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John F. Sartin			13b. MOTHER'S MAIDEN NAME UnKnown		14. NAME OF HUSBAND OR WIFE Deceased		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Anderson Centertown Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis General DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? As bove county 6 p.m.			
22. I hereby certify that I attended the deceased from April 18 1953 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE J. Brune			23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 4-19-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/20/53	24c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery		24d. LOCATION (City, town, or county) (State) Centertown, Mo		
DATE REC'D BY LOCAL REG. April 20		REGISTRAR'S SIGNATURE Ms. Mimmie Hittumey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl Boulton - California			

(Licensed Embalmer's Statement on Reverse Side)

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

260
1

7580

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
Student Embalmer

Signed Earl Bonnin

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.