

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38585

State File No.
 Registrar's No. 3320

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

I. PLACE OF DEATH
 a. COUNTY Cole
 b. CITY OR TOWN Jefferson City c. LENGTH OF STAY (in this place) Day
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Cole
 c. CITY OR TOWN Jefferson City d. Is residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 704 Broadway 0264

3. NAME OF DECEASED
 a. (First) William b. (Middle) Anderson c. (Last) Duden
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 28, 1953

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow **8. DATE OF BIRTH** Sept. 14, 1877 **9. AGE** (In years last birthday) 76 **10. IF UNDER 1 YEAR** Months 3 **11. IF UNDER 1 HRS.** Days 14 Hours 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** At Home **11. BIRTHPLACE** (City and State or Foreign Country) Centertown - Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME William Anderson **13b. MOTHER'S MAIDEN NAME** Minerva Fletcher **14. NAME OF HUSBAND OR WIFE** D. K. Duden - Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give year or dates of service) **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Mrs. S. A. Duvall **ADDRESS** J. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion **INTERVAL BETWEEN ONSET AND DEATH** 36 hrs
ANTECEDENT CAUSES **DUE TO (b)** Hypertension Ins. 6 months
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____

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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) 4201 **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Nov 28, 1953, that I last saw the deceased alive on Nov 28, 1953, and that death occurred at 12:30 am., from the causes and on the date stated above.

23a. SIGNATURE J. Kanagawa (Degree or title) MD **23b. ADDRESS** 1 Dallmeyer Bldg **23c. DATE SIGNED** 11/30/53

24a. BURIAL, CREMATION, OR REMOVAL (Specify) 241131 **24b. DATE** Nov. 30, 1953 **24c. NAME OF CEMETERY OR CREMATORY** Centertown **24d. LOCATION** (City, town, or county) (State) Cole County Mo.

DATE REC'D BY LOCAL REG. Dec 2-1953 **REGISTRAR'S SIGNATURE** R. P. Harris MD - MR. **25. FUNERAL DIRECTOR'S SIGNATURE** Anderson - Jannu **ADDRESS** J. C. Mo

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

Kenogawa

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.....
J. M. Anderson

Licensed Embalmer No. *364*

P. O. Address.....
J. M. Anderson

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.