

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0009995

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 146

FILED APR 10 1964

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson City, Mo

Length of stay in 1b
5 Hrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Marys Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau

c. CITY OR TOWN California, Mo

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Jamestown-Star Rt

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
Timothy Eugene Anderson

4. DATE OF DEATH Month Day Year
April 5 1964

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/5/64

9. AGE (last birthday)
5 Hrs

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (City and state or country)
Jefferson City, Mo

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Truman Anderson

13b. MOTHER'S MAIDEN NAME

Esther Connott

14. NAME OF HUSBAND OR WIFE

None

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 Address
Truman Anderson-California, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

6 1/2 Mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-5-64 to 4-5-64 and last saw him alive on 4-5-64
Death occurred at 6/25 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
4/6/64

23c. NAME OF CEMETERY OR CREMATORY
City Cemetery

23d. LOCATION (City, town, or county)
California, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bowlin Funeral Home-California, Mo

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

8 April 1964 Norma E. Richter

3035000

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.