EUCO BEAN		STANDAR	D CERTIF	ICATE OF DE	ATH	State File No.	13490
FILED MAY 4	1953	REG. DIST. NO.	<u> 53</u>	PRIMARY REG. DIST.	мо. <u>З</u>	210 Registrar's N.	.126
I, PLACE OF DEATH	Girard	eau O	64	2 USUAL RESID		Where descrated lived. If it b. COLUTY Cape	mititution: residence before Girardeau
b. CITY (If outside corpurs OR		RAL and give C S	LENGTH OF TAY (in this place) 2 month	c. CiTY (If outside co	rporate limite	, write BURAL and give to rdeau	
d. FULL NAME OF (II so HOSPITAL OR INSTITUTION 15		itution, give street ad Madrid	dress or location)	d. STREET ADDRESS		w Madrid	
3. NAME OF s. (DECEASED (Type or Print) JOS	First) EPH		IIddle) CODY	c. (Last) ANDERSO	N	4. DATE (Month) OF DEATH Apri	
5. SEX 6, COL	or or RACE	7. MARRIED, NEVE WIDOWED, DIVO Married		s. date of birth June 23.1	908	9. AGE (In years or UND least birthday) Month	Days Hours Min.
10a. USUAL OCCUPATION (C done during most of working lift Groupe Man	live kind of work e, even if retired)	10b. KIND OF BU Telepho	DUSTRY	AL DIOTING ACE	-,	issouri	12. CITIZEN OF WHAT COUNTRY? U.S.
Joseph An	-	136. мот	HER'S MAIDEN	NAME	14. NA		FE
15. WAS DECEASED EVER IN (Yea, no, or unknown) (If yea, Yes)	LILS ARMED FO	ORCES? 16. SOC	AL SECURITY 03-6682	17. INFORMANT	S SIGN	ATURE OR NAME	ADDRESS pe Gir.,Mo
18. CAUSE OF DEATH	DISEASE OR CON	NDITION IG TO DEATH*(a)		ary Th	ean	doses	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenta, etc. It means the dis-	NTECEDENT CAU Sorbid conditions, se to the above cau se underlying cause	if any, giving DUE use (a) stating e last	TO (b) Cul	monany s U:- This is	unst man d kis b	oli was dead w ud side Ie	18 mo
1 0	haditions contribut	CANT CONDITIONS ting to the death but or condition causing	10t /4	histen w	There	was no via	y acolunger
		NGS OF OPERATION		true on	4-25	5-53 4/20	∠ 20. AUTOPSY? · / YES □ NO 🗵
		b. PLACE OF INJUR		21c. (CITY, TOWN, OR	TOWNSHII	P) (COUNTY)	(STATE)
21d. TIME (Month) (I OF INJURY	Day) (Year) (田	while AT WORK	Y OCCURRED NOT WHILE	211. HOW DID INJURY	Y OCCUR?		
22. I hereby certify that alive on 4-2		e deceased from Jand that deat		196-/, to Z		, 19/GSJihat I l and on the date sta	ast saw the deceased ted above.
23a. SIGNATURE	C. R.		Degree or stile)	236. ABORESS	raia	lan mo	23c. DATE SIGNED
TION, REMOVAL (Breatty)	ADE11 29		e of cemeter ast Lav	<u>.</u>		ATION (City, town, or congfield, M:	lssouri
	REGISTRAR'S SIC		44-0 mess	25: FUNERAL DIREC	Jus	esal Hora	ADDRESS Cape Sless
<u> </u>		(Licens	ed Embalmer's	statement on Reverse Si	de)		m

Secondary Secondary Williams

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
orking under my personal supervision.	

STATEMENT BY LICENSED EMBALMER

king under my personal supervision.

Licensed Embalmer No. 4/1 T

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.