

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **22056**

FILED JUL 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5638</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sniabar Twms.</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sniabar Twms.</u>		<u>0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>4 Mile SW off Odessa</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Andrew</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Anderson</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 7, 1898</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Detective</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>55</u>		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Andrew Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Anna M. Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>354-12-4055</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna M. Anderson, Odessa, Mo.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES <u>following sex echo</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>This man has been in a veteran hospital for treatment of heart ailment. Had low cardiac reserve. Collapsed &amp; died a few minutes after physical exam.</u> 2. OTHER SIGNIFICANT CONDITIONS <u>respiratory</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no surgery</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4341	
21a. ACCIDENT SUICIDE HOMICIDE <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, tavern, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>death</u> , 19 <u>0</u> , to <u>7-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>53</u> , and that death occurred at <u>7-2</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. M. Anderson</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Odessa</u>		23c. DATE SIGNED <u>7-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/3/53</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Busman-Sparks</u>		ADDRESS <u>Odessa, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 11 1953

JUL 27 1953

AUG 3 1953

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.....  
Student Embalmer

Signed *William T. Spark*

Licensed Embalmer No. *4436*

P. O. Address *Odessa, Mo.*

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.