

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27604**

FILED SEP 15 1953

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rochester Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rochester Township	
c. LENGTH OF STAY (in this place) 2 1/2 Mths			
d. FULL NAME OF HOSPITAL OR INSTITUTION Shady Lawn Rest Home		d. STREET ADDRESS (If rural, give location) Shady Lawn Rest Home.	

3. NAME OF DECEASED (Type or Print) a. (First) Lars	b. (Middle) J.	c. (Last) Anderson	4. DATE OF DEATH (Month) (Day) (Year) September 4, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 6, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Tailor	10b. KIND OF BUSINESS OR INDUSTRY Tailoring	11. BIRTHPLACE (State or foreign country) Odense, Denmark	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Wilhelmina Johnson Anderson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 488-14-5262A	17. INFORMANT'S SIGNATURE OR NAME Dr. Felix E. Anderson	ADDRESS St. Joseph, Mo.
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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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4-222 YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5:20**, **1953**, to **Sept 4**, **1953**, that I last saw the deceased alive on **Aug 25**, **1953**, and that death occurred at **4:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE Felix E. Anderson M.D. (Degree or title)	23b. ADDRESS Lawrence St. St. Joseph, Mo.	23c. DATE SIGNED 9-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 8, 1953.	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. 9-10-53	REGISTRAR'S SIGNATURE Lillian Sp...	25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer & Fleeman	ADDRESS St. Joseph, Mo
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SEP 16 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 ****

Student Embalmer No. ** **

working under my personal supervision.

Student

Student Embalmer

Signed.....

Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.