.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4333

BIRTH NO. FILED MAR 1 1954 REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 9

0250

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

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plattsburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 606 Locust

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plattsburg 0250
d. STREET ADDRESS (If rural, give location): 606 Locust

3. NAME OF DECEASED (Type or Print)
a. (First): Amanda
b. (Middle): Jane
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): Feb 21 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 19 1871
9. AGE (In years last birthday): 83 — If under 1 year: Months 0, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeper
10b. KIND OF BUSINESS OR INDUSTRY: x x
11. BIRTHPLACE (City and State or Foreign Country): Platte County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lemuel M. Shepard
13b. MOTHER'S MAIDEN NAME: Susan Turner
14. NAME OF HUSBAND OR WIFE: Geo. W. Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): x x
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Chas. Anderson — ADDRESS: Plattsburg 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 30 da

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. 5705

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.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Jan 22, 1954, *to* Feb 21, 1954, *that I last saw the deceased alive on* Feb 20, 1954, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. B. Shalding MD
23b. ADDRESS: Plattsburg Mo
23c. DATE SIGNED: Feb 21-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-23-1954
24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion
24d. LOCATION (City, town, or county) (State): Clinton County Mo.

DATE REC'D BY LOCAL REG.: Feb. 25-1954
REGISTRAR'S SIGNATURE: Elizabeth Scearce 441-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D. D. Lyon Plattsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Darell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.