

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1880

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gravity</u>	
c. LENGTH OF STAY (in this place) <u>27 days</u>		8140	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle)	c. (Last) <u>Anderson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-4-1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Sweden</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Andrew Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>Not given</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Anderson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mable Moore</u> ADDRESS <u>Trinity Ja</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver & secondary anaemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	ANTECEDENT CAUSES Morbidity 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? 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)	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 Jan, 1952, to Jan 27, 1955, that I last saw the deceased alive on Jan 27, 1955, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>1-28-55</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Jan 27 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Water side Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Water side Keosauqua</u>
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DATE REC'D BY LOCAL REG. <u>1-29-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 229	25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd Eshum</u> ADDRESS <u>Bedford Iowa</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 18 1955

FEB 16 1955

MAY 11 1955

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.....

myself

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Floyd E. Shum*

Iowa Licensed Embalmer No. 2381

P. O. Address Bedford Iowa

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.