

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5344

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 6293 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sheridan Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Sheridan Twp.</u> <u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles east of Jasper</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles east of Jasper</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Albert</u>	b. (Middle) <u>Linley</u>	c. (Last) <u>Anderson</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan. 22, 1955</u>

5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 23, 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Diamond, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas D. Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret A. Paul</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie Julia Schuder</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Charlton Anderson, Jasper, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Semility</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mental degeneration</u> DUE TO (c) <u>Hip fracture</u>		
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 <u>794XF</u>	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.) <u>Name</u>	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 12, 1955, to Jan 12, 1955, that I last saw the deceased alive on Jan 12, 1955, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D.E.W. Wiggard</u> (Degree or title)	23b. ADDRESS <u>Rt. 720 Joplin St. Joplin, Mo.</u>	23c. DATE SIGNED <u>1-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-26-55</u>	REGISTRAR'S SIGNATURE <u>E.W. Clinton</u> <u>137</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Marion Selig</u>	ADDRESS <u>Sharp &amp; Selver, Jasper, Mo.</u>
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(If licensed Embalmer's Statement on Reverse Side)

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

190

W. J.  
Weygandt  
MA 4-3046

County File Number  
Date Filed  
FEB 16 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harrison L. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, 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.