

No. 300  
10.48

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

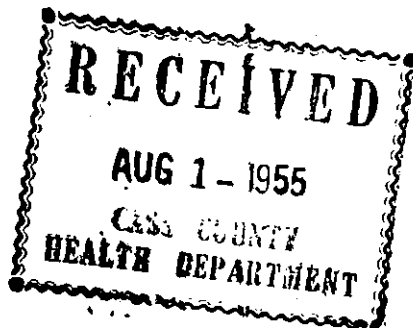
State File No. **21448**  
Registrar's No. **105**

BIRTH NO. _____		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>5224</b>		Registrar's No. <b>105</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY OR TOWN <b>Grand River</b>		c. LENGTH OF STAY (If in this place) <b>25 yrs</b>		c. CITY OR TOWN <b>Garden City</b>		<b>0190</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 Miles East 35-71 Junction</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Galen</b> c. (Last) <b>Anderson</b>			4. DATE OF DEATH (Month) <b>7</b> (Day) <b>26</b> (Year) <b>1955</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 10 - 1897</b>	
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dentist</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Warrensburg, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John T. Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Carr</b>		14. NAME OF HUSBAND OR WIFE <b>Lee T. Anderson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WWI - 11 + Korean</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lee T. Anderson</b> ADDRESS <b>Garden City, Mo.</b>			
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>Highway accident</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Garden City, Cass Missouri</b>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway # 35</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Garden City, Cass Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7 26 1955 5:20 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile accident</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:20 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John Stepler Shreff, Acting Coroner</b> (Degree or title)				23b. ADDRESS <b>208 West Pearl Hannibal, Mo.</b>		23c. DATE SIGNED <b>July 27, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 28 - 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Garden City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Garden City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>July 27, 1955</b>		REGISTRAR'S SIGNATURE <b>Dora Barnard</b> <b>457.01</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkinson &amp; Clark</b> ADDRESS <b>Garden City, Mo.</b>			

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

AUG 10 1955

AUG 8 1955



DEC 7 1956

### 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, on                     

Student Embalmer No.                     

working under my personal supervision.

Student                       
Student Embalmer

Signed Billy J. Shively

Licensed Embalmer No. 4685

P. O. Address London City, 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.