

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23144

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5925</u>		Registrar's No. <u>204</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Elk Fork</u>				c. CITY <u>Rural</u> OR TOWN <u>Elk Fork Tshp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R 1, Green Ridge</u>				STREET ADDRESS (If rural, give location) <u>R 1, Green Ridge</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harley</u>		b. (Middle) .....		c. (Last) <u>Anson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Sept 18, 1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		9. AGE (In years last birthday) <u>73</u> If UNDER 1 YEAR: Months Days Hours Min.	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Amos Anson</u>		13b. MOTHER'S MAIDEN NAME <u>Suste Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Dela Cozad Anson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Spanish-American None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Atkins, R 1, Green Ridge, Mo.</u>			
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) <u>Chronic myocardial disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) .....  DUE TO (c) <u>4222</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July 26, 1955</u> , to <u>Aug 6, 1955</u> , that I last saw the deceased alive on <u>Aug 6, 1955</u> , and that death occurred at <u>3:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. A. Hite</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Green Ridge Mo.</u>		23c. DATE SIGNED <u>8-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/8/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Green Ridge, Mo.</u>	
DATE RECD BY LOCAL REG. <u>8/8/55</u>		REGISTRAR'S SIGNATURE <u>Deanna County, Pa.</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>James E. ...</u>		ADDRESS <u>Medalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 22 1955

SEP 3 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.....  
Signature of Student Embalmer

Signed *P. E. Baker*

Licensed Embalmer No. *24*

P. O. Address *Secular*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.