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FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23366

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Farmington</b>		c. CITY OR TOWN <b>Farmington</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Potosi St.</b>		STREET ADDRESS (If rural, give location) <b>Potosi St. 0946</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Jefferson</b> c. (Last) <b>Anderson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 17, 1955</b>
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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>Aug. 15, 1890</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Shoe Repair man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>man</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Abner B. Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Fullbright</b>	14. NAME OF HUSBAND OR WIFE <b>Anderson Bernice Sumpter</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>World War I Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bernice Anderson, Farmington, Mo.</b>	ADDRESS <b></b>
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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, asthenia, 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) <b>Infection &amp; Debilitation</b>		<b>2 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized carcinoma</b>		<b>6 months</b>
DUE TO (c) <b>Carcinoma of Esophagus</b>		<b>several yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>150x</b>			

19a. DATE OF OPERATION <b>6 months ago</b>	19b. MAJOR FINDINGS OF OPERATION <b>at V.A. St. Louis - Metastatic C.A. from Esoph.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b></b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b></b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b></b>
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22. I hereby certify that I attended the deceased from **May 1955**, to **July 17, 1955**, that I last saw the deceased alive on **July 17, 1955**, and that death occurred at **3:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul P. Edgar, M.D.</b>	23b. ADDRESS <b>Box 147 Farmington, Mo.</b>	23c. DATE SIGNED <b>July 19, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 20, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Farmington, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 19, 1955</b>	REGISTRAR'S SIGNATURE <b>Esther Pudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cozean Funeral Home, Farmington, Mo.</b>	ADDRESS <b></b>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

JUL 17 1957

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.....  
Licensed Embalmer No. 408  
P. O. Address Farmington

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.