

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29232**

FILED OCT 10 1955

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 31

2201

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

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri St. COUNTY Clair	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN El Dorado Springs	c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN Osceola	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 Twin Oaks Rest Home			
e. STREET ADDRESS (If rural, give location)			

09201

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) Anderson			4. DATE OF DEATH (Month) (Day) (Year) Oct; 4, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 12-26-1889		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Clair County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Alfred Anderson		13b. MOTHER'S MAIDEN NAME Ammie Duke		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lou Anderson, El Dorado Springs Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Prostatic</u>		INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Carcinoma</u>		?
	DUE TO (c) <u>177X</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		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)		
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		

22. I hereby certify that I attended the deceased from 9-1, 1955, to 9-14, 1955, that I last saw the deceased alive on 9-15, 1955, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Paul J. ...</u>		23b. ADDRESS <u>Osceola Mo.</u>		23c. DATE SIGNED <u>10-4-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Benton Green</u>	24d. LOCATION (City, town, or county) (State) <u>Roscoe Missouri</u>		

DATE REC'D BY LOCAL REG. <u>10-7-55</u>	REGISTRAR'S SIGNATURE <u>George W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>... ..</u>	ADDRESS		
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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 *J.B. Goodrich*.....

Licensed Embalmer No. *703*.....

P. O. Address *Essex*.....

. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.