

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31930

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>193</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>Nelson</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>Piper Rest Home, 871 S. Adams</u>				e. STREET ADDRESS (If rural, give location) <u>Rural route No. 2.</u>			
3. NAME OF DECEASED (Type or Print) <u>Edward</u>		a. (First) _____ b. (Middle) ----- c. (Last) <u>Anschutz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 5, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>December 8, 1878</u>	
9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>		11. IF UNDER 24 HRS. Hours <u>33</u> Mins. <u>2X</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman, Wholesale Paper Company</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Anschutz</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Kummel</u>		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-07-3517</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John R. Anschutz, Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) <u>332X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>May</u> , 19 <u>54</u> , to <u>Oct 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 4</u> , 19 <u>55</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James C. Reed</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>10-5-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Heath Creek cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 6-55</u>		REGISTRAR'S SIGNATURE <u>Cecil H. Reed</u> (385-0 Deputy)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Lewis Marshall, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

James H. Lewis

Licensed Embalmer No. *47*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.