

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34189

State File No.

FILED OCT 31 1955

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5852 Registrar's No. 250

1. PLACE OF DEATH
a. COUNTY Nodaway 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Nodaway

b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN Stanberry, Mo. R. R 73 yrs c. LENGTH OF STAY (in this place) 73 yrs
c. CITY OR TOWN Stanberry Rural d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION N. W. of Stanberry 9 Miles e. STREET ADDRESS (If rural, give location) N. W. Of Stanberry, Mo

3. NAME OF DECEASED a. (First) Mr. Claudius Anderson c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) Oct. 25 1955

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH June 3 1872 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and State or Foreign Country) Indiana 12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME George Anderson 13b. MOTHER'S MAIDEN NAME unk. 14. NAME OF HUSBAND OR WIFE Mrs. Cora Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Donald Anderson Stanberry, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) unknown
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) 4200
II. OTHER SIGNIFICANT CONDITIONS none
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec 11, 1952 to Oct 19, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 10 a. m. from the causes and on the date stated above.

23a. SIGNATURE (Deedee or title) Arthur R. Barlin M.D. 23b. ADDRESS Stanberry, Mo 23c. DATE SIGNED 10-27-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/27/55 24c. NAME OF CEMETERY OR CREMATORY Jennings Cemetery 24d. LOCATION (City, town, or county) (State) North of Stanberry, Mo.

DATE REC'D BY LOCAL REG. Oct 29, 1955 REGISTRAR'S SIGNATURE Bess Holt 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Patricia Phillips Stanberry Mo

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 emb

by me, or by Student Embalmer No.

~~working under my personal supervision..~~

~~Student~~
Signature of Student Embalmer

Signed *Leroy A. Philley*
Licensed Embalmer No. *187*

P. O. Address *Sloupen*

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.