

FILED NOV 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 35866

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Andrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladonia, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrain Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u>		b. (Middle) <u>Florence</u>		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1955</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 13, 1888</u>	
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR (Months) <u>11</u>		11. UNDER 1 HRS. (Hours) <u>9</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James C. Lower</u>		13b. MOTHER'S MAIDEN NAME <u>Taltha Rotter</u>		14. NAME OF HUSBAND OR WIFE <u>Horner Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Horner Anderson Ladonia, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>331X</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 ☐ 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) (Min.)		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 <u>10-25</u> , 19 <u>55</u> , to <u>11-2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>55</u> and that death occurred at <u>1050</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>Nov. 2, 1955</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ladonia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 3-1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur Biehoff Ladonia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Clyde C. Weicker

Licensed Embalmer No. *38200*

P. O. Address *Perry*

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 this body is not embalmed, fact should be so stated above.