

FILED NOV 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 36171

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5179		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived) Institution: _____ a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Precinct 9</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Emerald Beach</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Requi Shady Valley Resort</u>				d. STREET ADDRESS (If rural, give location) <u>State Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Homer</u> c. (Last) <u>Anderson</u>				4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>11</u> (Year) <u>1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Dec 15-1877</u>	
9. AGE (In years, months, days) <u>77+</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Newington N.H.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Adam Henry Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia De Mill</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <u>No</u>		16. SOCIAL SECURITY NO. <u>515-28-9536A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D.A. Anderson</u>		ADDRESS <u>3307 Virginia Ave. Kansas City, 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>Acute myocardial failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE 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 <u>Nov 12, 1955, 10:30 PM</u> to <u>Nov 13, 1955, 10:30 PM</u> , that I last saw the deceased alive on <u>Nov 11, 1955, 10:30 PM</u> , and that death occurred at <u>10:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert Woolery Camden Co. Coroner</u>				23b. ADDRESS <u>Camden Mo.</u>		23c. DATE SIGNED <u>Nov 13-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov 14-1955</u>		REGISTRAR'S SIGNATURE <u>Zilpha Drow</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankston Woolery</u>		ADDRESS <u>Camden Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1951-8-12

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

Abbie Woolery

Licensed Embalmer No. *2488*

P. O. Address *Camden, N.J.*

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.