

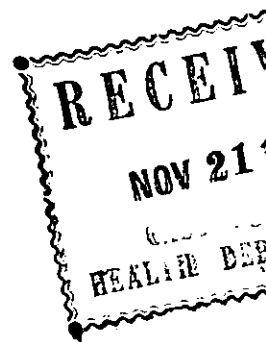
FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38225**Registrar's No. **159**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5218		State File No. 38225		Registrar's No. 159	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill				c. CITY OR TOWN Pleasant Hill		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. LENGTH OF STAY (in this place) 25 yrs				e. STREET ADDRESS (If rural, give location) R.F.D. (BIG CREEK TWP)		019/0			
d. FULL NAME OF HOSPITAL OR INSTITUTION. R.F.D. (BIG CREEK TWP)				e. STREET ADDRESS (If rural, give location) R.F.D. (BIG CREEK TWP)		019/0			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) B.		c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 12, 1886		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) unknown		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME William H. Anderson		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mary Anderson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. J. Powers, attorney Des Moines, Iowa					
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease DUE TO (c) renal changes 4200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH sudden	
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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 A. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Herbert Jander (Coroner)				23b. ADDRESS Pleasant Hill, Mo.				23c. DATE SIGNED 11/11/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/11/55		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Ceme		24d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri			
DATE REC'D BY LOCAL REG. Nov 15 1955		REGISTRAR'S SIGNATURE Nora Barward		25. FUNERAL DIRECTOR'S SIGNATURE Brownfield-Stanley		ADDRESS Pleasant Hill, Mo.			

(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 *Allen W. Bennett*.....

Licensed Embalmer No. *378*.....

P. O. Address *Thomson, Ill.*.....

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.