

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37375**

FILED NOV 22 1955

BIRTH NO. _____		REG. DIST. NO. 176		PRIMARY REG. DIST. NO. 4278		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give town) Miller Lincoln		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY OR TOWN Miller		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				f. STREET ADDRESS (If rural, give location) 0550			
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) E.		c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) 11-4-1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-25-1874	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 2		IF UNDER 2 HRS. Hours 10 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Barnard Mo		12. CITIZEN OF WHAT COUNTRY? Native	
13a. FATHER'S NAME Aaron Anderson		13b. MOTHER'S MAIDEN NAME Mary Hagen		14. NAME OF HUSBAND OR WIFE Elizabeth Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie Lauer Miller Mo. ADDRESS Miller Mo.			
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) Sugar Diabetes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 260X DUE TO (c) Strasnie poison II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scorification of wine				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)		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 10-28, 1955 to 11-4, 1955 , that I last saw the deceased alive on 11-3, 1955 , and that death occurred at 6:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE N. S. Burney M.D. (Degree or title)				23b. ADDRESS Miller Mo		23c. DATE SIGNED 11-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-6-1955		24c. NAME OF CEMETERY OR CREMATORY Shiloh		24d. LOCATION (City, town, or county) (State) N.E. of Miller Mo.	
DATE REC'D BY LOCAL REG. 11-16-55		REGISTRAR'S SIGNATURE N. S. Burney 158		25. FUNERAL DIRECTOR'S SIGNATURE Monius Lauer ADDRESS Miller Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

3.300
3.48

7-20-21

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..... *L. P. Seiman*

Licensed Embalmer No. 329

P. O. Address *Miller*

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.