

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

5878

State File No.

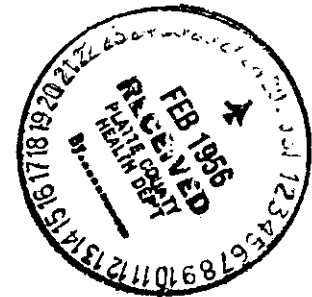
FILED MAR 2 1956

BIRTH NO.		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6-96-8</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Platte County</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Carroll township)</u>		c. LENGTH OF STAY (In this place) <u>51 years</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home</u>				c. CITY OR TOWN <u>Platte City, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
e. STREET ADDRESS (If rural, give location) <u>0800</u>							
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>William</u>		b. (Middle) <u>—</u>		c. (Last) <u>Anderson</u>		(Month) (Day) (Year) <u>2-17-56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-25-1887</u>	
9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 10 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm & Residing Judge of Co. Court</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George W. Anderson</u>				13b. MOTHER'S MAIDEN NAME <u>Emma Miller</u>			
14. NAME OF HUSBAND OR WIFE <u>Alta Wade Anderson</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>500-07-7556</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Alta Wade Anderson</u>				ADDRESS <u>Platte City, Mo.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion, acute</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4281</u>			
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) m.		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>March 1947</u> to <u>Feb 17, 1956</u> , that I last saw the deceased alive on <u>Feb 17, 1956</u> , and that death occurred at <u>6:01 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Graham Burkhardt</u>				23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>2/18/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-19-56</u>		REGISTRAR'S SIGNATURE <u>Opheia Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins-Mitchell Funeral Home</u>		ADDRESS <u>Platte City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48



MAY 28 1958

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.....
Roland M. Giffey

Licensed Embalmer No. 472

P. O. Address *Baltimore City*

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.