

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7946**

FILED MAR 20 1956

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **27**

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

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY OR TOWN Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio	
c. LENGTH OF STAY (in this place) 3 months		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ALVIN b. (Middle) EDWARD c. (Last) ANDERSEN			4. DATE OF DEATH (Month) (Day) (Year) February 28, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 2, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 4 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired photographer		10b. KIND OF BUSINESS OR INDUSTRY own business	11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME Hans Andersen		13b. MOTHER'S MAIDEN NAME Lena Peterson		14. NAME OF HUSBAND OR WIFE Elizabeth Belle Andersen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Glenn McDonald Fairfax, 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) Heremial ceremia nephroschima ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Pericardial and cardiac vascular disease		INTERVAL BETWEEN ONSET AND DEATH	
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 <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 **7/8/52**, to **2/28/56**, 19___, that I last saw the deceased alive on **2/28/56**, 19___, and that death occurred at **8:15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Wiedemeyer		23b. ADDRESS Tarkio, Missouri		23c. DATE SIGNED 2/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/2/56		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	
24d. LOCATION (City; town, or county) (State) Tarkio, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Tarkio, Mo.			

DATE REC'D BY LOCAL REG. **Mar 14, 1956** REGISTRAR'S SIGNATURE **Harwin H. Schaefer**

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 _____

John M. Davis
Licensed Embalmer No. 2394

P. O. Address Tarkio, Mo.

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.