

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9586**

FILED APR 9 - 1956

BIRTH NO. _____ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **5622** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 2½ M. S. W. Knox City c. LENGTH OF STAY (in this place) 27 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 2½ Mi. S.W. Knox City (rural)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) 0520	

3. NAME OF DECEASED (Type or Print) a. (First) LOUISE b. (Middle) MARIA c. (Last) ANDERSON			4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar 12, 1879	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife		
11. BIRTHPLACE (State or foreign country) Randolph, Kansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME William Klocke	13b. MOTHER'S MAIDEN NAME Henrietta Wohler	14. NAME OF HUSBAND OR WIFE Benjamin Anderson
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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 Mrs. Tate McKenzie ADDRESS Knox City, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the pancreas with metastases into the liver ANTECEDENT CAUSES Morbidity 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 about 5 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 157X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug. 1955** to **March 29, 1956**, that I last saw the deceased alive on **March 28, 1956**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Franklin Tandydar M.D.	23b. ADDRESS Edina, Missouri	23c. DATE SIGNED March 31, 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1 April 1956	24c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery	24d. LOCATION (City, town, or county) (State) Knox City, Missouri
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DATE REC'D BY LOCAL REG. Apr. 7 56	REGISTRAR'S SIGNATURE Helle S. Hunsolt	25. FUNERAL DIRECTOR'S SIGNATURE Edina, Mo ADDRESS
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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

Student Embalmer

Signed

Mrs J. W. Hudson

Licensed Embalmer No. *2972*

P. O. Address *Edina, 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.