

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10153**

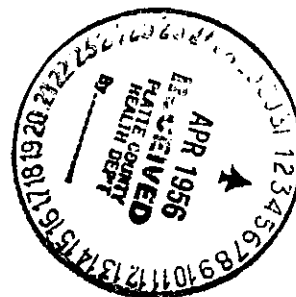
FILED APR 5 - 1956

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 5960		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deerborn <i>Green</i>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deerborn			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deerborn, Mo				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) JOHN MORGAN ANDERSON				4. DATE OF DEATH March 27, 1956			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 8, 1890	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Platte County		9. AGE (In years last birthday) 65	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Anderson		13b. MOTHER'S MAIDEN NAME Lucy Sowder		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Hettie Cardwell ADDRESS Deerborn, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 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			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4201 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 approx. 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at I P. m., from the causes and on the date stated above.							
23a. SIGNATURE Roland M. Giffey (Degree or title) Coroner				23b. ADDRESS Platte City, Mo.		23c. DATE SIGNED 3-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/29/56		24c. NAME OF CEMETERY OR CREMATORY Deerborn Cemetary		24d. LOCATION (City, town, or county) (State) Deerborn Missouri	
DATE REC'D BY LOCAL REG. Mar 28, 1956		REGISTRAR'S SIGNATURE Albia Rollins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vaughn & Aurench Deerborn, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1956



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

W. R. Vaughn

Licensed Embalmer No. *4023*

P. O. Address *Weston 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.