

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12246

State File No.

FILED MAY 1 1956
BIRTH NO. 21860-56 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY OR TOWN Mexico	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		e. STREET ADDRESS (If rural, give location) 113 Josephine Street	
3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) Lee	
c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) April 21 1956	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child		8. DATE OF BIRTH Apr. 20, 1956	
9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR Months 0 Days 1 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY Child	
11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Woodrow Anderson		13b. MOTHER'S MAIDEN NAME Lucille Robinette	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Woodrow Anderson ADDRESS Mexico, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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 April 20, 1956 , to April 21, 1956 , that I last saw the deceased alive on April 21, 1956 , and that death occurred at 1:58 A. M. , from the causes and on the date stated above.	
23a. SIGNATURE H. J. Crawford (Degree or title) MD		23b. ADDRESS Johnson	
23c. DATE SIGNED 4-21-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-21-1956		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
24d. LOCATION (City, town, or county) Mexico, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home ADDRESS Mexico, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *MR. Wright*.....

Licensed Embalmer No. *463*

P. O. Address *Mexico, Tex.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.