| . 1 | | THE DIVISION OF HEA | ALTH OF MISSOUR | 11 | 202 | 909 |
|--|--|--|---------------------------------|------------------------------------|---------------------|-------------|
| ' FILED AUG | 1 - 19 56 | STANDARD CERTIF | ICATE OF DEAT | TH State | e Filc No | KU . |
| IRTH NO | | _ REG. DIST. NO | PRIMARY REG. DIST. N | | | 46 |
| I. PLACE OF DEA | | | - CTATE | NCE (Where deceased in | HNTY | a diplasio |
| a. COUNTY | Audrain | | Misso | outi | Audra | <u>in</u> |
| b. CITY (If outside so TOWN PIARE | orporate limits, write RI | | o. CITY OR TOWN Cents | ralia | d. Is Residence wi | |
| d. FULL NAME OF | (If not in hospital or it | astitution, give street address or location) | j | (If rural, give location) | · | 075 |
| HOSPITAL OR INSTITUTION | | Saling | Route | e_2 | • | |
| NAME OF DECEASED | a. (First) | b. (Middle) | c. (Last) | 4. DATE | (Month) (Day | y) (Year) |
| DECEASED (Type or Print) | John | Edward . | Anderson | OF DEATH | July 27 | 1956 |
| 5. SEX 0 6. | color or RACE | 7. MARRIED, NEVER MARRIED, A | 8. DATE OF BIRTH Feb. 9.1875 | 9. AGE (In year last birthday) | ATE IF UNDER I YEAR | Hours Miz |
| Da. USUAL OCCUPATION | ION (Give kind of work | 10b. KIND OF BUSINESS OR IN- | | y and State or Foreign Co | | TIZEN OF WH |
| done durit mort of work | id farmer | Agriculture | Audrain C | ounty, Mo. | 0 000 | US. |
| Sa. FATHER'S NAME | | 136. MOTHER'S MAIDEN | NAME | 14. NAME OF HUSBAN | ID'OR WIFE | |
| Willi | iam Anders | son Martha Ap | | none | | |
| 15. WAS DECEASED EVE | ER IN U.S. ARMED F | FORCES? [16. SOCIAL SECURITY | 17. INFORMANT'S | | NAME | ADDRESS |
| (Yes, no, or unknown) (If | If yes, give war or dates o | | | les Anderso | | ralia |
| B. CAUSE OF DEATH | | | CERTIFICATION | | INTE | ERVAL BETWE |
| Enter only one cause per ine for (a), (b), and (c) | DIRECTLY LEAD | CONDITION CORONE | r's investi | gation with | | |
| | l . | 2 | The decree | | 3 - 3 - 1 | |
| *This does not mean he mode of dying, such | Morbid condition | . if any giring DUE TO (b)unat | tended by a | nhvsician | No- | |
| ae heart fallure, asthenia, | e, asthenia, rise to the above cause (a) stating and dence of violencem fourthing or | | | | | |
| tc. It means the dis- ase, injury, or complica- | | | | | | |
| tion which caused death. It. Other Significant Conditions contributing to the death but nodeceased suffered from hardening of the Conditions contributing to the death but nodeceased suffered from hardening of the | | | | | | |
| 9a. DATE OF OPERA- TION | 19b. MAJOR FINE | DINGS OF OPERATION Condit | ion. | 45 | 00 YE | AUTOPSYT |
| 21a. ACCIDENT SUICIDE | | 21b, PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | COUNTY) | (STATE) |
| HOMICIDE NONe | | home, farm, factory, street, once mon., o | Audrain C | | souri | |
| 21d. TIME (Month) OF | b) (Day) (Year) (| (Hour) 21e. INJURY OCCURRED | 21f. HOW DID INJURY C | OCCUR7 | | |
| เทมีบัลง | none | m. WHILE AT NOT WHILE MORK | none | | | |
| alive on | , 19 | the deceased from Corones, and that death occurred at | m., from the | gation With e causes and on the | aate statea abot | ve. |
| 23a. SIGNATORE | idan | WHO Corone | A TOOL TOOL | | 1 7 . | PATE SIGN |
| 24a. BURIAL, CREMA TION, REMOVAL (Specify | A- 24b. DATE | 240. NAME OF CEMETER | 1 | 24d. LOCATION (City, to | · · | (State |
| Burial | <u> July</u> | | n's Chapel | Northwest / | Centrali | a,Mo. |
| DATE REC'D BY LOCA | AL RESISTMAR'S S | So Reely | 11/11/11/11 | ales antre | li III | esser. |
| /** 1 - / 1 1 1 1 1 1 1 1 1 1 | | (Licensed Frebalmer's | Statement on Reverse Shie |) | | |

BEE! ES OUN

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose r | iame is | recorded on the reverse side of this certificate was embal |
|--|---------|--|
| by me, or by | | Student Embalmer No |
| working under my personal supervision. | • | 0. NM 11 |

Licensed Embalmer No.

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