

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27469

State File No. ....

No. 300  
10. 29  
0541

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5640</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived 12 months preceding date of death) a. STATE <u>Missouri</u> b. COUNTY <u>Everett</u> c. CITY OR TOWN <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. LENGTH OF STAY (in this place) <u>Traveler</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS <u>137 State St. #200</u> <u>49 51255412 U.S. Army</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pvt David</u> b. (Middle) <u>E</u> c. (Last) <u>Anderson</u>				4. DATE OF DEATH (Month) <u>8</u> (Day) <u>9</u> (Year) <u>1956</u>			
5. SEX <u>♂</u>		6. COLOR OR RACE <u>White Am</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>7-12-35</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pvt U.S. Army</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Pvt U.S. Army</u>		9. AGE (In years last birthday) <u>21</u>	
11a. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Not known</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>015-26-7311</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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) <u>Motor car accident</u> <u>① Contusion of chest</u> <u>② Multiple laceration left arm</u> <u>③ Rupture left ankle</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO <u>Death probably due to hemorrhage into pleurae &amp; frontal</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chest &amp; shock.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No surgery</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Motor car</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1940 Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Higginsville</u> (COUNTY) <u>Lafayette</u> (STATE) <u>Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 9, 1956 6:20 a.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Motor car collision with truck</u>				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 1956, and that death occurred at _____ a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>W. Martin MD Coroners</u> (Degree or title)				23b. ADDRESS <u>Odesse Mo</u>		23c. DATE SIGNED <u>8-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>U.S. Army Hospital</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville Lafayette Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 9 1956</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold E. Hoops Higginsville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

540

1110

AUG 28 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 Body not embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Foster S. Thomas

Licensed Embalmer No. 439

P. O. Address Higgins

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.