

FILED DEC 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

39037

Registration District No. 280 Primary Registration District No. 5-967 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston Twn.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Weston</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb	d. STREET ADDRESS <u>Weston Twn.</u>			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Emery</u> Middle <u>Gray</u> Last <u>Anderson</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>18</u> Year <u>1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 4, 1896</u>		9. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tobacco farm</u>		11. BIRTHPLACE (City and state or country) <u>Smith Co. Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James J. Anderson</u>				14. MOTHER'S MAIDEN NAME <u>Ella L. Matthews</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499 10 6792</u>		17. INFORMANT Address <u>Mrs. Nora Anderson Weston, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar (croupous) Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) <u>Obesity, hypertension</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u> <u>XXXXXX</u> <u>XXXXXXXX</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>XXXXXXXXXXXXX</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <u>XXXXXXXXXXXXXX</u>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>XXXXXXXXXXXXXXXXXXXX</u>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <u>XXXXXXXXXXXXXXXX</u>							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>		20f. CITY, TOWN, OR LOCATION <u>Weston</u>		COUNTY STATE <u>Missouri</u>	
21. I attended the deceased from <u>Nov. 14, 1956</u> to <u>Nov. 18, 1956</u> and last saw him alive on <u>Nov. 14, 1956</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Lewis C. Calvert M.D.</u> (Degree or title)				22b. ADDRESS <u>Weston Missouri</u>		22c. DATE SIGNED <u>11/22/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-21-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>		
24. FUNERAL DIRECTOR <u>Vaughn Funeral Home</u> ADDRESS <u>Weston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-21-56</u>		26. REGISTRAR'S SIGNATURE <u>Opheia Rollins</u>	

(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 *W. R. Vaughn*

Licensed Embalmer No. *46*

P. O. Address *Weston*

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.