

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 59

BIRTH NO. _____ REG. DIST. NO. 9 PRIMARY REG. DIST. NO. 4010 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Andrew

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Andrew

b. CITY OR TOWN Rural REAR MO c. LENGTH OF STAY (In this place)
c. CITY OR TOWN Rural REAR MO d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. 1 e. STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED
a. (First) Garnet b. (Middle) _____ c. (Last) Anderson 4. DATE OF DEATH (Month) (Day) (Year) 2-7-1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 1-8-1903 9. AGE (In years last birthday) 54 if UNDER 1 YEAR Months _____ Days _____ if UNDER 4 Hrs. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) nodaway Co Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME melvin pike 13b. MOTHER'S MAIDEN NAME MARY Mazingo 14. NAME OF HUSBAND OR WIFE Harley Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. un known 17. INFORMANT'S SIGNATURE OR NAME Harley Anderson ADDRESS R.F.D. REAR 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
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? YES NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb. 15, 1956, to Feb. 7, 1957, that I last saw the deceased alive on Dec. 10, 1956, and that death occurred at 10:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. S. Maxwell, D.O., Coroner 23b. ADDRESS 307 W. Main, Savannah, Mo. 23c. DATE SIGNED 2/8/57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 2-9-1957 24c. NAME OF CEMETERY OR CREMATORY Whitewater 24d. LOCATION (City, town, or county) (State) Whitewater Mo

DATE REC'D BY LOCAL REG. 2-11-57 REGISTRAR'S SIGNATURE Lillaud Sparks 25. FUNERAL DIRECTOR'S SIGNATURE Bret Buwalda ADDRESS Home Savannah Mo

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

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 *E. C. Breit*

Licensed Embalmer No. *2652*

P. O. Address *Sumner*

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.