

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1660**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	c. LENGTH OF STAY (In this place) <b>5 min.</b>	c. CITY OR TOWN <b>Carthage</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune-Brooks hospital</b>		STREET ADDRESS (If rural, give location) <b>Route 2.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HANS</b>	b. (Middle)	c. (Last) <b>ANDERSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 19- 1957</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>Feb 16, 1871</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Malmo, Sweden</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Amy Anderson, Rte 2, Carthage, Mo</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> <b>unknown</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. DATE OF OPERATION	19a. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4201</b>
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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?
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22. I hereby certify that I attended the deceased from **July 19 56** to **19 Jan 19 57**, that I last saw the deceased alive on **19 Jan 19 57**, and that death occurred at **1:19a m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Carthage, Mo</b>	23c. DATE SIGNED <b>1-19-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Jan 21, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-19-57</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary, Carthage, Mo</b>	ADDRESS
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County File Number 57-1-67  
Date Filed JAN 25 1957

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 *Frank W. Krell*

Licensed Embalmer No. 4440

P. O. Address *Carthage*

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.