

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **2085**

FILED JAN 15 1957

BIRTH NO. _____		REG. DIST. NO. 231		PRIMARY REG. DIST. NO. 4846		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) Montgomery City		c. LENGTH OF STAY (in this place) 64 yrs.		c. CITY OR TOWN Montgomery City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Robert		c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) January 2, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 3, 1870	
9. AGE (in years last birthday) 86		10. UNDER 1 YEAR Months 11 Days _____ Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Bates County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		13a. FATHER'S NAME Matthew Anderson		13b. MOTHER'S MAIDEN NAME Claradene Ricks	
13c. NAME OF HUSBAND OR WIFE Mary Elizabeth Anderson		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Anderson Montgomery City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver (PRIMARY) 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. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 14 mo.			
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)		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?		22. I hereby certify that I attended the deceased from 2-10-56 , 19____, to 1-2-57 , 19____, that I last saw the deceased alive on 1-2-57 , 19____, and that death occurred at 1:30 Am. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) D.O.	
23b. ADDRESS Montgomery City, Mo.		23c. DATE SIGNED 1-3-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 4, 1957	
24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery		24d. LOCATION (City, town, or county) (State) Montgomery City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Schlanker Funeral Home		25. ADDRESS Montgomery City, Mo.	
DATE REC'D BY LOCAL REG. 1-8-57		REGISTRAR'S SIGNATURE James B. Callaway		25. FUNERAL DIRECTOR'S SIGNATURE Schlanker Funeral Home		25. ADDRESS Montgomery City, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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. Boone Schlanke*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery, Ala.*

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.