FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2122

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4361 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
c. LENGTH OF STAY (In this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
d. STREET ADDRESS (If rural, give location): in town

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Anding

4. DATE OF DEATH (Month) (Day) (Year): Jan. 30, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 8, 1871
9. AGE (In years last birthday): 85 — If under 1 year: Months: 3 Days: 22 — If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and State or Foreign Country): Highland, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Edwin Anding
13b. MOTHER'S MAIDEN NAME: Elizabeth Witzel
14. NAME OF HUSBAND OR WIFE: Celia Anding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Della Anding, Granby, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary paralysis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic paralysis agitans. — 6 yrs.
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: 350x
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* June 5, 1950, *to* Jan 30, 1957, *that I last saw the deceased alive on* Jan 30, 1957, *and that death occurred at* 7:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles O. Chester D.O.
23b. ADDRESS: Granby, Mo.
23c. DATE SIGNED: 1/31/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Howard Cemetery
24d. LOCATION (City, town, or county) (State): Goodman, Missouri.

DATE REC'D BY LOCAL REG.: Jan. 31, 1957
REGISTRAR'S SIGNATURE: M. L. Young
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ralph Funeral Home Goodman Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. Newton
District File Number 157-27
Date Filed FEB 2 1957

JUN 11 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 _____
Student Embalmer

Signed Earl Tapp

Licensed Embalmer No. 3455-E

P. O. Address Anderson, Missouri

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 this body is not embalmed, fact should be so stated above.