

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5362

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 30

0542

1. PLACE OF DEATH a. COUNTY <b>Layayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Layayette</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Lexington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Lexington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>HOME</b>		Length of stay in lb <b>Approx 35 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>601 Franklin</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>HENRY</b> Last <b>ANDERSON</b>				4. DATE OF DEATH Month <b>February</b> Day <b>16</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 5, 1865</b>	
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Month <b>11</b> Day <b>11</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Station</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto. Service</b>		11. BIRTHPLACE (City and state or country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>unknown</b>				14. MOTHER'S MAIDEN NAME <b>unknown</b>			
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 <b>John Pollard Lexington, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro-vascular accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>generalized arteriosclerosis</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Fracture right hip 33/XF</b>						INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>10 years</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>2</b>					
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>							
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Mar 17 1956</b> to <b>February 16 1957</b> and last saw him alive on <b>Feb 16 1957</b> Death occurred at <b>6:30</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Ralph W. Orley M.D.</b> (Degree or title)				22b. ADDRESS <b>Lexington</b>		22c. DATE SIGNED <b>2-18-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 18, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Lexington Mo.</b>	
24. FUNERAL DIRECTOR <b>Harold L. Walker Lexington, Mo.</b>		ADDRESS <b></b>		25. DATE RECD. BY LOCAL REG. <b>3-1-57</b>		26. REGISTRAR'S SIGNATURE <b>Wm. E. Cantelero</b>	

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 *Harold L. Walker* .....

Licensed Embalmer No. *45*

P. O. Address *Leipington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.