Health, & Welfare Public Service

S. 300
. 1-56

FILED MAY 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12546
STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5293 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Atchison Twnp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.F.D. Plattsburg Mo. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clinton
c. CITY OR TOWN Rural Atchison Twnp — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. Plattsburg Mo. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Hiram Middle Milton Last Anderson
4. DATE OF DEATH Month May Day 4 Year 1957

5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Sept. 24 1873
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Buchanan County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse N. Anderson
14. MOTHER'S MAIDEN NAME Martha Huddelston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx xx
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Wm. Elrod Address Plattsburg, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia lobar — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocarditis — 2 months
DUE TO (c) C.H. of Prostate — 6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 1, to May 4-57 and last saw ~~her~~ him alive on May 2-57
Death occurred at 3 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. O. Orban (Degree or title) D.O. 2
22b. ADDRESS Cameron Mo.
22c. DATE SIGNED May 7-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 7, 1957
23c. NAME OF CEMETERY OR CREMATORY Frazier
23d. LOCATION (City, town, or county) Buchanan County (State) Mo.

24. FUNERAL DIRECTOR D.D. Lyon ADDRESS Plattsburg Mo.
25. DATE RECD. BY LOCAL REG. May 7-1957
26. REGISTRAR'S SIGNATURE Elizabeth Scearce

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 Mo. Rs. 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Philip E. Leo

Licensed Embalmer No. 499

P. O. Address Plainview

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