

FILED MAY 6 - 1957 STANDARD CERTIFICATE OF DEATH

State File No. 137734

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4262</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City Mo.</u>		c. LENGTH OF STAY (In this place) <u>80 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 2 1868</u>	
9. AGE (In years last birthday) <u>88</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>27</u>		11. UNDER 1 MIN. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>O</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Peter Hone</u>				13b. MOTHER'S MAIDEN NAME <u>Harriet Gosnell</u>		14. NAME OF HUSBAND OR WIFE <u>A. B. Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A B Anderson Knox City Missouri</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fall Carrying Shock</u> INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Scintillity</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9039</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>44</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Green</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Labelle</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Labelle</u> <u>Miss</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 12 1957</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Impaled on Ring</u>		21f. HOW DID INJURY OCCUR? <u>Impaled on Ring</u>			
22. I hereby certify that I attended the deceased from <u>4-12</u> , 1957, to <u>4-28</u> , 1957, that I last saw the deceased alive on <u>4-28</u> , 1957, and that death occurred at <u>4:20</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. V. Coates Do</u>				23b. ADDRESS <u>Labelle Miss</u>		23c. DATE SIGNED <u>4-30-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 1 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knox Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 3</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. J. Seeger Knox City Mo.</u>			

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

1510

MAY 22 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 544

Student Embalmer No.

working under my personal supervision.

Student .. A. H. Primer ..
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

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.