

with, public service

08300-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18221

STATE FILE NUMBER

FILED JUN 7 1957

Registration District No. 280

Primary Registration District No. 6557

Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville, Platte</u>		c. CITY OR TOWN <u>Parkville MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Carpenter Shop</u>		d. STREET ADDRESS (If outside, give location) <u>RD 5 - Box 404</u>	
3. NAME OF DECEASED (Type or print) First <u>Sam</u> Middle <u>none</u> Last <u>Anderson</u>		4. DATE OF DEATH Month <u>May</u> Day <u>27</u> Year <u>57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 2 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Buildings</u>	
13. FATHER'S NAME <u>Archibald Anderson</u>		14. MOTHER'S MAIDEN NAME <u>Martha Ratliff</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-29-684</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Passed away while at work</u> DUE TO (c) _____		12. CITIZEN OF WHAT COUNTRY? 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		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 _____, to _____ and last saw her/him alive on _____ Death occurred at <u>6:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Roland M. Gifford, Coroner</u>		22b. ADDRESS <u>Platte City Mo.</u>	
22c. DATE SIGNED <u>6-27-57</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 29-57</u>	23c. NAME OF CEMETERY OR PLACE <u>East Slope</u>	23d. LOCATION (City, town, or county) (State) <u>Parkville MO</u>
24. FUNERAL DIRECTOR <u>Leland H. Francis</u>		25. DATE RECD. BY LOCAL REG. <u>May 29-57</u>	
ADDRESS <u>Parkville Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Rhphia Rollins</u>	

(Licensed Embalmer's Statement on Reverse Side)



FEB 18 1958

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 *Leland W. Francis*.....

Licensed Embalmer No. *345*

P. O. Address *Parkville*

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