THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24114
STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 708-C

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Handley Memorial — Length of stay in 1b 7 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Route #3, Box 458 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First ANDY Middle Last ANDERSON

4. DATE OF DEATH Month Day Year July 11, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Oct. 23, 1877

9. AGE (In years last birthday) 79 — 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 Farming
11. BIRTHPLACE (City and state or country) Holland
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mrs. Edith Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-30-2555A
17. INFORMANT Mrs. Edith Anderson Address Rt. #3, Box 458 Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1561

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 6/29/57, to July 11, 1957 and last saw he/him alive on 7/10/57
Death occurred at 6:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lyman D. Brown M.D. (Degree or title)
22b. ADDRESS 311½ College
22c. DATE SIGNED 7/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 13, 1957
23c. NAME OF CEMETERY OR CREMATORY Eastlawn
23d. LOCATION (City, town, or county) Springfield (State) Missouri

24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 7-18-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signed Lee Mason .....

Signature of Student Embalmer

Licensed Embalmer No. 4568 .....

P. O. Address Springfield, ...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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