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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

308661

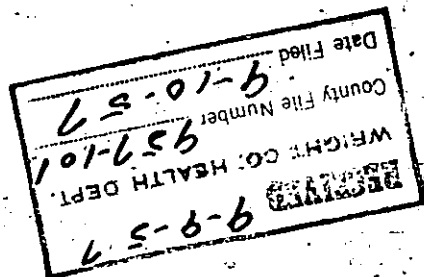
FILED SEP 11 1957

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MANSFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MANSFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Length of stay in lb <u>—</u>		d. STREET ADDRESS (If outside, give location) <u>City</u>		Residence Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Elizabeth Alice Anderson</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>17</u> Year <u>1957</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APR: 12, 1868</u>			
9. AGE (In years last birthday) <u>89</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>—</u>		11. BIRTHPLACE (City and state or country) <u>JACKSON CO. KANSAS</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>GREENUP LEEPER</u>					
14. MOTHER'S MAIDEN NAME <u>ELIZABETH BRADLEY</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>					
16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT Address <u>Rt. 8</u> <u>MRS. U.E. YANDELL</u> <u>SPRINGFIELD Mo.</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>Probably Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Found Dead in Bed.</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>0</u>		
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, Year 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 <u>—</u> STATE <u>—</u>							
21. I viewed the deceased <u>Aug 27, 57</u> and last saw her <u>—</u> alive on <u>—</u> Death occurred at <u>—</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE <u>Frank Noble Coroner</u> (Degree or title)				22b. ADDRESS <u>Intn. Sec. 540</u>				22c. DATE SIGNED <u>8-27-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8-31-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>THOMAS</u>		23d. LOCATION (City, town, or county) (State) <u>NORWOOD MO.</u>			
24. FUNERAL DIRECTOR <u>Max & Miller</u>		ADDRESS <u>Mansfield Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9/7/57</u>		26. REGISTRAR'S SIGNATURE <u>Gene Ruching</u>			

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4

P. O. Address Mary

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.