Health, & Welfare Public Service

FILED SEP 27 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32600
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 8040 Registrar's No. 226

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN Chillicothe — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chillicothe Hosp. — Length of stay in Hospital 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 500 E. Third. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Edwin Middle Booth Last Anderson

4. DATE OF DEATH Month Sept. Day 19 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Mar. 7, 1876
9. AGE (In years last birthday) 81 — 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 (ret)
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and state or country) Livingston Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James. Anderson
13b. MOTHER'S MAIDEN NAME Sarah Linville
14. NAME OF HUSBAND OR WIFE xx

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx
16. SOCIAL SECURITY NO. xx
17. INFORMANT Address James Anderson, Kansas City, 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) Chronic myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4222

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 May 26-57, to Sept 19-57 and last saw him alive on Sept 18-57
Death occurred at 5:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph F. Gale (Degree or title) M.D.
22b. ADDRESS Chillicothe, Mo
22c. DATE SIGNED 9-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Sept. 21, 1957
23c. NAME OF CEMETERY OR CREMATORY Anderson cemetery
23d. LOCATION (City, town, or county) Livingston Co., Mo. (State)

24. FUNERAL DIRECTOR Donald Gordon, Chillicothe, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 9/21/57
26. REGISTRAR'S SIGNATURE Francis B Neill

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 2 0 1960

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 Richard H. Randall

Licensed Embalmer No. 4866

P. O. Address Chillicothe

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.