

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32878**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **404**

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY OR TOWN Sedalia	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		e. STREET ADDRESS (If rural, give location) 512 East 10th	

3. NAME OF DECEASED (Type or Print)	a. (First) Herbert	b. (Middle) Roy	c. (Last) Anderson	4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1957
-------------------------------------	---------------------------	------------------------	---------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 5 1904	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Loan officer	10b. KIND OF BUSINESS OR INDUSTRY Loan Association	11. BIRTHPLACE (City and State or Foreign Country) Sedalia Mo	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	---

13a. FATHER'S NAME Frank T. Anderson	13b. MOTHER'S MAIDEN NAME Mary Alice Divers	14. NAME OF HUSBAND OR WIFE Eloise
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 491-07-5726	17. INFORMANT'S SIGNATURE OR NAME Mrs Eloise Anderson	ADDRESS Sedalia
---	--	--	------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 70 hr. 8 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **1955**, **19**, to **9-26, 1957**, that I last saw the deceased alive on **9-25, 1957**, and that death occurred at **7:38 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Olin L. Lowe MD	23b. ADDRESS Sedalia, Mo	23c. DATE SIGNED 9-27-57
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-28-57	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia Mo
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 9-28-57	REGISTRAR'S SIGNATURE Frances Shelby	25. FUNERAL DIRECTOR'S SIGNATURE Mrs Laughlin Bros	ADDRESS Sedalia
---	---	---	------------------------

JAN 27 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.....
K.P.M. Leary

Licensed Embalmer No. *5153*

P. O. Address *Sedalia*

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.