

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41073
State File No.

0592

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3640 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	c. LENGTH OF STAY (If this place) <u>9 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>903 Vine St.</u>		d. STREET ADDRESS (If rural, give location) <u>903 Vine St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWIN</u>	b. (Middle) <u>LEWIS</u>	c. (Last) <u>ANDERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 24 57</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 20, 1868</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waredo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry H. Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Tolson Anderson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. D. Merrill</u>	ADDRESS <u>Liberal, Kansas</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal failure (nephrosclerosis)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Urinary tract Obstruction, 3 mos</u> DUE TO (c) <u>Benign prostatic hypertrophy 15 years</u>		
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? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>
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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) <u>610X</u>
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 July, 1955, to Nov 24, 1957, that I last saw the deceased alive on Nov 21, 1957, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William L. Fair, M.D.</u>	23b. ADDRESS <u>Chillicothe, MO</u>	23c. DATE SIGNED <u>11/26/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-26-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/26/57</u>	REGISTRAR'S SIGNATURE <u>Francis B. Merrill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NORMAN FUNERAL HOME: Chillicothe, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

171

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

Student Embalmer

Signed

Elton T. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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