

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018707

STATE FILE NUMBER

Registration District No. 286 Primary Registration District No. _____ Registrar's No. 36-

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Weston</u>		c. CITY OR TOWN <u>Weston</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>0830</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ella Levada Anderson</u>		4. DATE OF DEATH Month Day Year <u>May 22, 1959</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 26, 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>Smith Co., Ky.</u>	
13a. FATHER'S NAME <u>John M. Matthews</u>		14. NAME OF HUSBAND OR WIFE <u>James J. Anderson</u>	
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>none</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>Bronchogenic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of larynx (radical dissection and total laryngectomy 3-6-56)</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>161X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mrs</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 a.m. p.m. Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Weston, Mo</u>		20f. COUNTY <u>Platte</u>	
20g. STATE <u>Missouri</u>		20h. DATE OF DEATH <u>May 22, 1959</u>	
21. I attended the deceased from <u>Mar. 1, 1956</u> to <u>May 22, 1959</u> and last saw her alive on <u>May 22, 1959</u> Death occurred at <u>2 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE <u>W. J. Stalders</u> D.O. <u>1</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-24-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>	
24. FUNERAL DIRECTOR <u>Vaughn Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>May 24-59</u>	
26. REGISTRAR'S SIGNATURE <u>Philipa Rollini</u>		27. DATE SIGNED <u>5-23-59</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed W. P. Vaughn

Licensed Embalmer No. 423

P. O. Address W. P. Vaughn

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.