IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960 174 Registration District No. 3035 Registrar's No. 79

=60-031168 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington
Length of stay in 1b: 84 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. 23rd St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington. Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) N. 23rd St. Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First COLONEL Middle ANDERSON Last
4. DATE OF DEATH Month August Day 11 Year 1960
5. SEX Male
6. COLOR OR RACE Nego
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Sept. 12, 1875
9. AGE (last birthday) 74
IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining
10b. KIND OF BUSINESS OR INDUSTRY Coal Miner
11. BIRTHPLACE (City and state or country) Lexington Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charle Anderson
13b. MOTHER'S MAIDEN NAME Martha Johnson
14. NAME OF HUSBAND OR WIFE Susie Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. 487-05-0431
17. INFORMANT Lee Wood Anderson Address Sedalia Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 2 days / years

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Aug 11 1960 to Aug 12 1960 and last saw him alive on Aug 12 1960
Death occurred at 10 pm Aug 12 1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph H. Riley MD
22b. ADDRESS Lexington Mo
22c. DATE SIGNED 8-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1960 August 15
23c. NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery
23d. LOCATION (City, town, or county) (State) Lexington Mo

24. FUNERAL DIRECTOR ADDRESS George H. Green Marshall Mo.
25. DATE RECD. BY LOCAL REG. 8-15-60
26. REGISTRAR'S SIGNATURE Marion E. Edwards

BY AFFIDAVIT OF DOCUMENT

(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 embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 422

P. O. Address Mansfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.