MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049067

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No. 2000 Rev. 4/59 County Randolph Scientific County Randolph Scien	On Inio STUB							a before
Community Comm						1	a. COUNTY Randolph a. STATE Missour Randolph admi	
Community Comm	Rev. 4/59	g				1	b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of stay in 1b c. CITY OR Inside	e Limits
Community Comm	_	¥ i		1		1	10wn Moberly L5 years 10wn Moberly Yes E] No [] (
3 / 4 3 6 6 7 7 8 7 8 7 8 8 9 9 9 9 9 9 9 9	0887	اسا	1 1	}	1	1	c. FULL NAME OF (TOTAL) TEMPTS (If outside, give location) Reside HOSPITAL OR ADDRESS	
3 . MAME OF DECASED PLAY John Results Anderson Day Year Day Da		ATE		1		 _	INSTITUTION 1616 North Morley St. Yes Tx No □ RFD # 3] No □
Total Note		H	†+	+	7 1	3.		Year
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CUSTON EMPIRED IN SAME PRINCIPLY COUNTY STATE TO COUNTY	5 😕	1					mate white make 10/15/94 06	i
13. FATHERS NAME 13. MOTHERS MAIDEN NAME 14. NAME OF RUSSAND OR WHEE 15. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 15. WAS DECEASED EVER IN U.S. ADMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Addre	<u></u>	,		1		10.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT (OUNTRY
Frnest A. Anderson Lulu May Hendley none 15. WAS DECEASED EVER IN U.S. ARMED PORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 15. WAS DECEASED EVER IN U.S. ARMED PORCEST 495 07 2932A Sohn R. Anderson Moberly Mo. 17. INFORMANT Modern Mode		<u>ځ</u> ۱						
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Total State Stat		- 1 - 1				15.	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
10 10 10 10 10 10 10 10	~70-1	⋖ │				(Ye	Yes, no, or unknown) (If yes, give war or dates of service) 495 07 29324 Rohn R. Anderson Moherity	Mo-
IMMEDIATE CAUSE (a) Worked at Community Lanes as a watchman and custodian, starting work at ZA. M. was seen entering building at that time, by a member of Police DePt; body discovered at near 8:00 A.M. which over rise to above cause [d]. When Other workers came to work, investigated by Both police and coroner. NO INDICATION OF FOUL PLAY. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal bears a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal bears a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal bear as pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal bears a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal bears as pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal bears as pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal bears as pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal bears as pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal bears as pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal bears as pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal bears as pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF FOULT PLAY. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF FOULT PLAY. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION O		불				-	1.18 CAUSE OF DEATH /Friter only one cause per line for (a), (b), and (c).	RETWEEN
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Not write at work 1 21. I attended the deceased from							20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK farm, fectory, street, office bldg., etc.) 12 20f. CITY, TOWN, OR LOCATION	
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- (二) ()/2		EM NO.		\uparrow	AFFIDA	24.	Burial (Specify) 12/20/63 Oakland Cemetery Moberly, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECCU. BY LOCAL REG. 26. REGISTAR'S SIGNATURE	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re-	corded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No.
working under my personal supervision.	Signed Marion E-Millian
Student	Signed // Warran & - // // // //
Signature of Student Embalmer	
	Licensed Embalmer No. 3957

P. O. Address Moberly , Mo.

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.

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