

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11236**

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

BIRTH NO. _____		REG. DIST. NO. <u>349</u>		PRIMARY REG. DIST. NO. <u>4514</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Green City</u>		c. LENGTH OF STAY (In this place) <u>69 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home in Green City</u>				d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u>		b. (Middle) <u>----</u>		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 4, 1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operated Confectionery & Bakery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>William Leslie Shannon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Owings</u>		14. NAME OF HUSBAND OR WIFE <u>Almond O. Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. R. Anderson Springfield, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unemia</u> -ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic Arthritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 years</u> <u>11 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		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) m.		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 <u>Feb. 19, 1947</u> , to <u>April 1, 1949</u> , that I last saw the deceased alive on <u>April 1, 1949</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. D. Smith D.O.</u>				23b. ADDRESS <u>Green City, Mo</u>		23c. DATE SIGNED <u>April 1, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 9, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura Collett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Frazier Green City, Mo</u>			

APR 11 1949

RECEIVED

District Health Officer No. 1

District File Number 14496

Date Filed APR 11 1949

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 _____

Carl R. Kent

Student Embalmer No. 243

working under my personal supervision.

Signed Carl R. Kent
Student Embalmer

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greenville, 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 this body is not embalmed, fact should be so stated above.