

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5270

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN JOPLIN
d. FULL NAME OF HOSPITAL OR INSTITUTION 2514 TYLER		e. STREET ADDRESS (If rural, give location) 2514 TYLER	

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) MAY c. (Last) ANDERSON			4. DATE OF DEATH (Month) (Day) (Year) FEB 20 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUG. 7, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and State or Foreign Country) McDONALD CO., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME BOB LAUDERDALE	13b. MOTHER'S MAIDEN NAME CHARA HARMON	14. NAME OF HUSBAND OR WIFE JOHN ANDERSON (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ROY ANDERSON	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arterio-sclerotic Hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 + yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephro-sclerosis			1 + yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442 X	20. AUTOPSY? YES <input type="checkbox"/> NO <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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1954 to Feb 12, 1955 that I last saw the deceased alive on Feb 12, 1955, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. K. Wieman, M.D. 138 (Degree or title)	23b. ADDRESS 717 Francis St., Joplin, Mo.	23c. DATE SIGNED 2/20/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/23/55	24c. NAME OF CEMETERY OR CREMATORY Osborne Mem.	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
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DATE REC'D BY LOCAL REG. 2-21-55	REGISTRAR'S SIGNATURE James S. ...	25. FUNERAL DIRECTOR'S SIGNATURE Herbert ...	ADDRESS Joplin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed MAR 1 - 1955

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..... *Dale Glover*

Licensed Embalmer No. 453

P. O. Address..... *Joplin*

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.