

No. 300  
10.48

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7601

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>CAMERON</u>		c. CITY OR TOWN <u>CAMERON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>116 1/2 EAST 3rd ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>116 1/2 EAST 3rd ST.</u>		f. STREET ADDRESS (If rural, give location) <u>116 1/2 EAST 3rd ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Albert</u> c. (Last) <u>ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 20 55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 9-1987</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John L. Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA MACHETT</u>	14. NAME OF HUSBAND OR WIFE <u>Ida J. Anderson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-34-1434</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida J. Anderson</u> ADDRESS <u>Cameron 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma left lung</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>163X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from 1-14, 1955, to 3-20, 1955, that I last saw the deceased alive on 3-20, 1955, and that death occurred at 2:59 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Kues M.D.</u> (Degree or title)	23b. ADDRESS <u>Cameron Mo.</u>	23c. DATE SIGNED <u>3-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Merable</u>	24d. LOCATION (City, town, or county) (State) <u>Merable Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-23-55</u>	REGISTRAR'S SIGNATURE <u>Wimfred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u> ADDRESS <u>Cameron</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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. *Robert J. Poloud*

Licensed Embalmer No. *4775*  
*222 West*  
P. O. Address *C.M.E.K. & H.*

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.