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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26651

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 2001 Registrar's No. 336

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1620 WEST 26TH ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
d. STREET ADDRESS (If rural, give location): 1620 WEST 26TH ST.

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3. NAME OF DECEASED (Type or Print)
a. (First): ARMANTH
b. (Middle): FLORENCE
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): AUG. 12, 1955

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG. 1, 1882
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): GALENA, KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ---- HORNBERRY
13b. MOTHER'S MAIDEN NAME: SALLY ----
14. NAME OF HUSBAND OR WIFE: CHARLES ANDERSON, DECD '42

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: MRS WILLIE MOREY, 1628 W. 26TH ST.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of liver and other abdomen organs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 1561

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-19, 1955, *to* 8-12, 1955, *that I last saw the deceased alive on* 8-12, 1955, *and that death occurred at* 12-a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ed D. Farmer M.D.
23b. ADDRESS: Joplin Mo.
23c. DATE SIGNED: 8-13-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-15-55
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEMETERY,
24d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG.: 8-15-55
REGISTRAR'S SIGNATURE: Ed D. Farmer 138-0 by Dolores Langkins
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

County File Number AUG 22 1955
Date Filed

SEP 15 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2519

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.