

FILED JUN 7 1956

STANDARD CERTIFICATE OF DEATH

State File No. 19272

BIRTH NO. _____ REG. DIST. NO. 925 PRIMARY REG. DIST. NO. 4476 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) Downing	c. LENGTH OF STAY (In this place) Most of life	c. CITY OR TOWN Downing	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) 0980	

3. NAME OF DECEASED (Type or Print) a. (First) Hugh	b. (Middle) Edward	c. (Last) Anderson	4. DATE OF DEATH (Month) (Day) (Year) May 25, 1956
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 20, 1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 2 Days 5	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Scotland Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Josee Anderson	13b. MOTHER'S MAIDEN NAME Mary Wright	14. NAME OF HUSBAND OR WIFE Cornelia Anderson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Cornelia Anderson ADDRESS Downing, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2-25-56
	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	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) (Min.)	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 **2-25-56**, 19**56**, to **5-25-56**, 19**56**, that I last saw the deceased alive on **4-16-56**, 19**56**, and that death occurred at **8:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Carl J. Anderson (Degree or title) No.	23b. ADDRESS Lawrence, Mo.	23c. DATE SIGNED 5-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 27, 1956	24c. NAME OF CEMETERY OR CREMATORY Downing Cemetery	24d. LOCATION (City, town, or county) (State) Downing, Mo.
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DATE REC'D BY LOCAL REG. 5-27-56	REGISTRAR'S SIGNATURE W. R. Drake	25. FUNERAL DIRECTOR'S SIGNATURE Moore Funeral Home ADDRESS Downing, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

996 98 1071

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Neal Payne*.....

Licensed Embalmer No. *259*.....

P. O. Address *Memphis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.