

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23743

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 211

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Missouri	
c. LENGTH OF STAY (In this place) 24 Hours		d. STREET ADDRESS (If rural, give location) 10309 East 10th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) DOROTHY	b. (Middle) MILDRED	c. (Last) BECK	(Month) July	(Day) 10	(Year) 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 5	8. DATE OF BIRTH Sep't. 27, 1905	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Blair, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Richard B. Anderson	13b. MOTHER'S MAIDEN NAME Clara Grace McEvers	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-10-9467	17. INFORMANT'S SIGNATURE OR NAME Miss Joyce Lea Beck, K.C. Missouri	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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES			
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Fracture of Ribs		DUE TO (c) Auto Trauma		8-11 1/2 2, 6
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 Deputy Coroner	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on way	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 9 49 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2 car Accident 12348
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE A. E. Uecker MO (Degree or title)	23b. ADDRESS 2800 Main	23c. DATE SIGNED 7/12/49
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24a. BURIAL-CREMATATION-REMOVAL (Specify) Burial	24b. DATE 7/12/49	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery Jackson County, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. July 11-1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks, Indep., Mo.	ADDRESS
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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
Student Embalmer

Signed Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Independence, 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.