

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **31097**

FILED SEP 20 1951

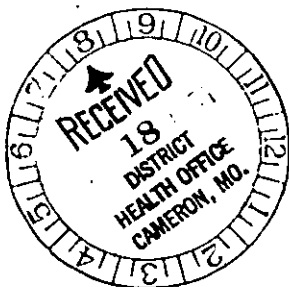
BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **5964** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) Rural #4 c. LENGTH OF STAY (If applicable) 638		c. CITY (If outside corporate limits, write RURAL and give township) Rural #4 d. STREET ADDRESS (If rural, give location) 4 1/2 miles N.W. of Parkville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 1/2 miles N.W. of Parkville		d. STREET ADDRESS (If rural, give location) 4 1/2 miles N.W. of Parkville	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Martha c. (Last) Anders.		4. DATE OF DEATH (Month) (Day) (Year) Aug. 27. 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 31. 1888
9. AGE (In years last birthday) 63		10. UNDER 1 YEAR (Months) 6 11. UNDER 1 MIN. (Hours) 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11. BIRTHPLACE (State or foreign country) Parkville, Mo.		12. CITIZEN OF WHAT COUNTRY? Mo.	
13a. FATHER'S NAME Clay Samples		13b. MOTHER'S MAIDEN NAME Elizabeth	
14. NAME OF HUSBAND OR WIFE Marcel John R. Anders		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Earl Anders ADDRESS Waldron Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) for old rheumatoid heart disease 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 418X	
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) (Min.)		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 9/27 , 19 50 , to 9/27 , 19 51 , that I last saw the deceased alive on 8/4 , 19 51 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Earl Anders M.D.		23b. ADDRESS Parkville Mo	
23c. DATE SIGNED 8/29/51		24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	
24b. DATE Aug. 30-1951		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	
24d. LOCATION (City, town, or county) (State) Parkville Mo		25. FUNERAL DIRECTOR'S SIGNATURE Leboux & Francis ADDRESS Parkville Mo	
DATE REC'D BY LOCAL REG. Aug. 30-51		REGISTRAR'S SIGNATURE Opelia Roelins	

(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, by

working under my personal supervision.

Student Embalmer No.

Signed

Leland H. France

Signed.....
Student Embalmer

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.