

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26534**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4027** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Harrisonville	c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Belton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		STREET ADDRESS (If rural, give location) 4 miles east of Belton	

3. NAME OF DECEASED (Type or Print) JAMES WILBERT ANDERSON	a. (First) JAMES	b. (Middle) WILBERT	c. (Last) ANDERSON	4. DATE OF DEATH (Month) (Day) (Year) 8/22/1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9/9/1929	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Colorado	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lloyd Anderson	13b. MOTHER'S MAIDEN NAME Bessie C. Renfro	14. NAME OF HUSBAND OR WIFE (none)
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary E. Moore	ADDRESS Belton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy, Grand Mal		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	ANTECEDENT CAUSES Morbidity 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. Mentally Deficient		

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) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, recreat. office bldg., etc.) _____	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Belton, Polk Co., Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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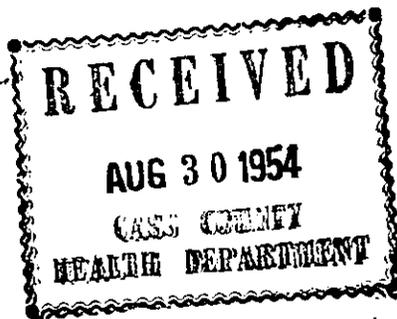
22. I hereby certify that I attended the deceased from **21 Aug, 1954** to **22 Aug, 1954**, that I last saw the deceased alive on **Aug 22, 1954**, and that death occurred at **6:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased's title) [Signature]	23b. ADDRESS Harrisonville Mo	23c. DATE SIGNED 23 Aug 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/24/1954	24c. NAME OF CEMETERY OR CREMATORY Slagle Cemetery	24d. LOCATION (City, town, or county) (State) Polk Co., Mo.
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DATE REC'D BY LOCAL REG. Aug 24, 54	REGISTRAR'S SIGNATURE Nora Raward	457- 25. FUNERAL DIRECTOR'S SIGNATURE E. K. George & Sons	ADDRESS Belton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



VS
MAR 31 1960

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 *Richard E. Beagle*

Licensed Embalmer No. 395

P. O. Address *Belt*

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.