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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27338**  
**3848**

FILED AUG 27 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>15 7/16</b>		f. STREET ADDRESS (If rural, give location) <b>3953 CENTRAL STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3953 CENTRAL STREET</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>BELLE</b> c. (Last) <b>HAND</b>			4. DATE OF DEATH <b>AUG - 5. 1954</b> (Month) (Day) (Year)
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 4 - 1977</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>11</b>	IF UNDER 1 Wks. Hours <b>11</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KINGMAN KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CAMERON</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>GRANT HAND</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>BRANT HAND 3953 CENTRAL ST. KANSAS CITY, MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Neuropathic Pneumonia, 3 days</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Mo</b>  <b>332X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombosis</b>		
	DUE TO (c) <b>Gen. Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

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 **6-6-54** to **8-5-54** that I last saw the deceased alive on **8-4-54** and that death occurred at **6:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold P. Dorman</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>701 E 63</b>	23c. DATE SIGNED <b>8/6/54</b>
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24a. FUNERAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG-7-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>8-7-54</b>	REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's Sons 1331 Brumfield Ave</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

12 2-2 48

Signed..... *John B. Lewis*

Licensed Embalmer No. 48

H.P. O. Address..... *KE MI*

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.