

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45777

State File No. _____

FILED MAR 1 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 622

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1 MONTH</u>	c. CITY OR TOWN <u>BRUNSWICK</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3624 SMART AVENUE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		021	

3. NAME OF DECEASED a. (First) <u>JOSEPH</u> b. (Middle) <u>LEEDREV</u> c. (Last) <u>ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 11 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 22 1882</u>		9. AGE (In years last birthday) <u>73</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Power-light co.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>LISAON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>JOSEPH R. ANDERSON</u>	13b. MOTHER'S MAIDEN NAME <u>ANGELINE FOLEY</u>	14. NAME OF HUSBAND-OR WIFE <u>MRS. IRENE COOK ANDERSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>495-24-6025</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR GROVER L. ANDERSON</u>	ADDRESS <u>3624 SMART AVENUE KANSAS CITY MO.</u>
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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, athermia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>
	ANTECEDENT CAUSES <u>Primary Carcinoma Rt. Lung</u> DUE TO (b)		<u>6 mo.</u>
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		...
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>162X</u>

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) m.	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 Jan 1, 1956, to Feb 11, 1956; that I last saw the deceased alive on Feb 10, 1956, and that death occurred at 8:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Earl R. Knox</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>224 Quillo Bldg K</u>	23c. DATE SIGNED <u>2-11-56</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 11 1956</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-11-56</u>	REGISTRAR'S SIGNATURE <u>neva marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>	ADDRESS <u>1331 BAYSH CREEK KANSAS CITY MO.</u>
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95. 8 307

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 *Basil V. Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.