

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17514

State File No.

318

1003

Registar's No. 5243

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>15 days</u>		c. CITY OR TOWN <u>VALLEY FALLS</u>		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 <u>MC. BAPTIST HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>RURAL</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Vina</u>		b. (Middle) <u>May</u>		c. (Last) <u>Anderson</u>	
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>30</u>		(Year) <u>1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 24, 1888</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MORROWVILLE, KANS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN M. CHUBBUCK</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH STEELE</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL ANDERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PEARL ANDERSON</u> ADDRESS <u>VALLEY FALLS, KANS.</u>			
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.		19. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism. Source Undet.</u>				<u>10 days</u>	
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Radical Mastectomy - Rt</u>				<u>15 days</u>	
		DUE TO (c) <u>Carcinoma Rt. Breast</u>				<u>7 mo ±</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		<u>Cardiac Ischemia & Arteriosclerosis - Indef.</u>					
19a. DATE OF OPERATION <u>5/15/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rt Breast</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <u>170x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12 May, 1956</u> to <u>30 May, 1956</u> , that I last saw the deceased alive on <u>29 May, 1956</u> , and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Ernest Jones, M.D.</u> (Degree or title)				23b. ADDRESS <u>634 N. Grand, St Louis 3</u>		23c. DATE SIGNED <u>30 May 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-2-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLAWKIE CEMETERY, KAN. VIA R.R.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>JUN 1 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. ...</u> ADDRESS <u>1504 WOODSON RD - OVERLAND, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Signed *Oscar F. Mueller*

Licensed Embalmer No. *303*

P. O. Address *Overland*

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.