FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4554

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 629

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM. HOSPITAL — Length of stay in 1b ~~Life~~ 19 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN HICKMAN MILLS 7000 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 11125 BLUE RIDGE EXTENSION — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First ROBERT Middle N. Last ANDERSON

4. DATE OF DEATH Month Day Year February 6, 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH February 18, 1920

9. AGE (In years last birthday) 36 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver

10b. KIND OF BUSINESS OR INDUSTRY TERMINAL CAB CO.

11. BIRTHPLACE (City and state or country) Easton, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oren C. Anderson

14. MOTHER'S MAIDEN NAME Fannie S. Gordon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 496-16-4963

17. INFORMANT Address VA Hospital Official Records, K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery thrombosis

DUE TO (c) Coronary arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK VA ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 19, 1957 to February 6, 1957 ~~XXXXXXXXXXXXXXXXXX~~

Death occurred at 3:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. ~~[illegible]~~ E. Qualheim (Degree or title) ROBERT E. QUALHEIM, M.D.

22b. ADDRESS VA Hospital, Kansas City, Mo.

22c. DATE SIGNED 2/6/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE FEB-9-1957

23c. NAME OF CEMETERY OR ~~CREMATORY~~ MEMORIAL PARK CEMETERY

23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D. W. NEWCOMERS SONS ADDRESS 1331 BRUSH CR. KANSAS CITY MO.

25. DATE RECD. BY LOCAL REG. 2-9-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Richard L. Rogu

Licensed Embalmer No.....

P. O. Address K C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.