

U.S. No. 300  
Ev. 10.48

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15824

0970

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

5290

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6084</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Blackwater Twn.</u>				c. CITY OR TOWN <u>Independence</u>		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) <u>5 Yrs.</u>				e. STREET ADDRESS (If rural, give location) <u>1237 So. Pleasant</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi East of 40-65 Junc</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Robert</u>		c. (Last) <u>Anschutz</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>15</u> (Year) <u>57</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>Jan. 29-1901</u>	
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>4</u> DAYS <u>6</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operated Ret. Hardware Store</u>		10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME <u>Edward Anschutz</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie T. Lemmon</u>		14. NAME OF HUSBAND OR WIFE <u>William Harrison Anschutz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>441-10-8986</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Anschutz-Independence, Mo.</u> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>X</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>About 2 Years</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>Apr 1955</u> , to <u>Apr 28, 1957</u> , that I last saw the deceased alive on <u>May 5, 1957</u> , and that death occurred at <u>3 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John H. Marshall</u>				23b. ADDRESS <u>R# 1 Marshall</u>		23c. DATE SIGNED <u>5-5-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/7/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Heath Creek - 9 mi. East of Junction 40-65 Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Saline</u>	
DATE REC'D BY LOCAL REG. <u>5-6-57</u>		REGISTRAR'S SIGNATURE <u>Carol G. Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Hunsley - Marshall, Mo.</u> ADDRESS			

MAY 20 1957

### 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.....*Leslie Sweeney*.....

Licensed Embalmer No. *3235*.....

P. O. Address *Marshall, Va*.....

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.