

pt. Health,
, & Welfare
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44223

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5925

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Grandview</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Curtis Rest Home</i>		d. STREET ADDRESS (If outside, give location) <i>at</i> <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Victoria Anderson</i>		4. DATE OF DEATH <i>12-13-57</i>	
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-22-71</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (City and state or country) <i>Grandview Mo.</i>
10c. FATHER'S NAME <i>John Reed Jones</i>		10d. MOTHER'S MAIDEN NAME <i>Mary Ann Williams</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		14. SOCIAL SECURITY NO. <i>—</i>	15. INFORMANT <i>Keith Anderson</i> Address <i>Buckner Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>			<i>unknown</i>
DUE TO (c) <i>—</i>			<i>4201</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>—</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY . Hour . Month, Day, Year o.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>27 Nov. 57</i> to <i>13 Dec. 57</i> and last saw her alive on <i>27 Nov. 57</i> Death occurred at <i>2:00 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>William R. Doherty M.D.</i>		22b. ADDRESS <i>Grandview Mo</i>	22c. DATE SIGNED <i>12-13-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-15-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Belton Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Belton Missouri</i>
24. FUNERAL DIRECTOR <i>E. H. George & Sons Inc</i> ADDRESS <i>Grandview</i>		25. DATE RECD. BY LOCAL REG. <i>12-16-57</i>	26. REGISTRAR'S SIGNATURE <i>neva Marshall</i>

William R. Doherty USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(Use space for physician's Statement on Reverse Side)

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201-8960

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 *Arthur E. Goddard*

Licensed Embalmer No. *4911*

P. O. Address *Grand*

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.