

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17200

STATE FILE NUMBER 6007

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>Wyanett</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		d. STREET ADDRESS <b>2020 HALLOCK</b>	
3. NAME OF DECEASED First <b>JAMES</b> Middle <b>T.</b> Last <b>ANDERSON</b>		4. DATE OF DEATH Month <b>December</b> Day <b>18</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 3, 1898</b>
9a. AGE (In years last birthday) <b>59</b>		9b. UNDER 1 YEAR Months <b>8</b> Days <b>10</b>	9c. UNDER 24 HRS. Hours <b>8</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Fred Anderson</b>	
13b. MOTHER'S MAIDEN NAME <b>Ida Hinton</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Anderson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>513-01-9575</b>	
17. INFORMANT <b>VA Hospital Official Records, K. C. Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) <b>Interstitial Pontine Hemorrhage</b>			
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 <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION. _____ COUNTY _____ STATE _____	
21. I attended the deceased from <b>DOA December 18, 1957</b> <del>10:00 a.m.</del> <b>1:00 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Deputy Coroner</b>		22b. ADDRESS <b>1618 Lydia Ave</b>	
22c. DATE SIGNED <b>12/18/57</b>			
23a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Dec. 20, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
24. FUNERAL DIRECTOR <b>Mrs. Meek's Funeral Home, K.C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-19-57</b>	
26. REGISTRAR'S SIGNATURE <b>Neva Minchell</b>			

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. Item 18, I, a. added by a doctor of Dr. L. M. Tillman 3-6-58

MEDICAL CERTIFICATION

L. M. Tillman

