

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009785  
STATE FILE NUMBER 1359

FILED APR 2 1958

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

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Illinois</b> b. COUNTY <b>Bond</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Greenville</b> 8/20<br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>   |                                  | Length of stay in 1b<br><b>5 Months</b>   | d. STREET ADDRESS (If outside, give location) <b>8</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ROBERT</b> Middle <b>W.</b> Last <b>ANDERSON</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>14</b> Year <b>1958</b>  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 6, 1870</b>  |
| 9. AGE (In years last birthday)<br><b>87</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Candy Mfg.</b>   | 11. BIRTHPLACE (City and state or country)<br><b>La Grange Tenn.</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Candy Mfg.</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |
| 13a. FATHER'S NAME<br><b>Milton T. Anderson</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Ann Green</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Frances Anderson</b>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>W. E. Stanbury, 311 Brush Creek, K.C. Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pyelonephritis</b><br>DUE TO (b) <b>Prostatitis</b><br>DUE TO (c) <b>Age</b>              |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>14 days</b><br><b>10 Months</b><br><b>6 1/2</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?<br>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.)<br><b>1</b>  |  |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.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 <b>1-1-58</b> to <b>3-14-58</b> and last saw her/him alive on <b>3-14-58</b><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Gordon P. Barnett M. D.</b>  |                                  | 22b. ADDRESS<br><b>6333 Brookside Plaza</b>   | 22c. DATE SIGNED<br><b>14 March 1958</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>3-15-1958</b>    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Montrose Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Greenville, Illinois</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Freeman Mortuary, Kansas City, Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>3-15-58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Irene Minshall</b>   |

All diseases in Part I must be causally related.

Gordon P. Barnett

MEDICAL CERTIFICATION



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 *Walter H. Erwin* .....

Licensed Embalmer No. *4352* .....  
P. O. Address *K. C. M.* .....

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.