

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032075

STATE FILE NUMBER

FILED SEP 22 1958

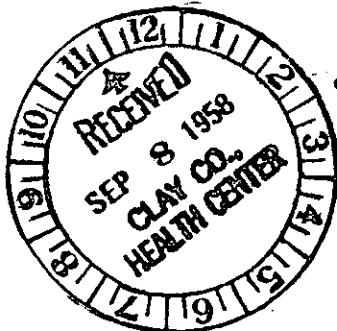
Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SMITHVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>PLATTE CITY</u> ⁰⁸³⁰		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL JWS.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>ANDERSON</u> Last <u>ANDERSON</u>			4. DATE OF DEATH Month <u>SEPT.</u> Day <u>1</u> Year <u>1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 21, 1866</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>PANORA, IOWA.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>WILLIAM MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN MILLER</u>	
14. NAME OF HUSBAND OR WIFE <u>GEORGE ANDERSON</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>MRS. PEARL AMOS, PLATTE CITY, MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Fall</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate to the terminal disease condition given in PART I (a)) <u>Senescent Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 d</u> <u>Fracture of Hip, right</u> <u>9027</u> <u>45</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Patient fell getting out of bed.</u>	
20c. TIME OF INJURY Hour <u>8:30</u> a.m. <u>pm</u> Month <u>Aug</u> Day <u>19</u> Year <u>1958</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>	
20f. CITY, TOWN, OR LOCATION <u>Smithville</u>		COUNTY <u>Clay</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>April 10 1938</u> to <u>Sept 1 1958</u> and last saw her/him alive on <u>Sept 4 1958</u> Death occurred at <u>3am</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Smithville Mo</u>		22c. DATE SIGNED <u>9-2-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT. 2, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PARADISE CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>PARADISE, MO.</u>		23e. NAME OF CEMETERY OR CREMATORY <u>PARADISE, MO.</u>		23f. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>ROLLINS & MITCHELL, PLATTE CITY, MO.</u>		ADDRESS <u>PLATTE CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-2-58</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

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 ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION
 Corrected by affidavit
 10-20-58 JH



OCT 7
100 1958
89

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 *Roland M. Goffe*

Licensed Embalmer No. *4725*
P. O. Address *Platte City, Mo.*

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.