

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033817

STATE FILE NUMBER

FILED OCT 8 1958		Registration District No. 291		Primary Registration District No. 4433		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Kansas City 3488	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital				Length of stay in lb 2 Days		d. STREET ADDRESS (If outside, give location) 3820 Baltimore	
3. NAME OF DECEASED (Type or print) First Vena Middle Anderson Last				4. DATE OF DEATH Month Oct. Day 2 Year 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH Nov. 13 1888	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaider		10b. KIND OF BUSINESS OR INDUSTRY Private Homes		9. AGE (In years last birthday) 69		11. BIRTHPLACE (City and state or country) Putnam County Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Bluford Rouse		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Joe Anderson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-36-6631		17. INFORMANT Address Mrs. Mildred Worley Unionville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line of (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>metastasis of hypernephroma of left kidney to lungs</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>180X</i> DUE TO (c) <i>1 year</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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 death occurred at June 3 58 to Oct 2 58		and last saw her alive on Oct 2 58		m, on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas L. Judd Do</i>		(Degree or title)		22b. ADDRESS Unionville, Mo.		22c. DATE SIGNED 10-3-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 3 1958		23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		23d. LOCATION (City, town, or county) (State) Cincinnati, Iowa	
24. FUNERAL DIRECTOR Comstock Funeral Home James W. Comstock		ADDRESS Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 10-4-1958		26. REGISTRAR'S SIGNATURE <i>Marcell Durbin</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 10 1958

OCT 27 1958

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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville,

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.