

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

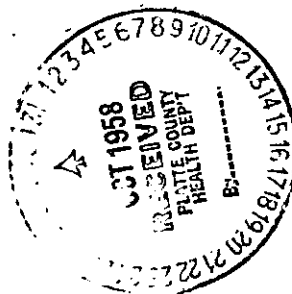
58-037384

STATE FILE NUMBER

FILED OCT 31 1958

Registration District No. 250 Primary Registration District No. 6964 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston</u> <u>Platte</u>		c. CITY OR TOWN <u>Parkville</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>R-2 Bx 166</u>	
3. NAME OF DECEASED (Type or print) <u>John Richard Anders</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>7</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>DOWED</u> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 15 - 1878</u>
9. AGE (In years) Months <u>80</u> Days <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and state of country) <u>Parkville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13. FATHER'S NAME <u>James K. Polk Anders</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Simples Anders</u> <u>Deceased 1951</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Carl Anders</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>Complications of virus pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Virus infection</u> DUE TO (c) <u>XXXXXXXXXXXXXXXXXXXX</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Marked arteriosclerosis.</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>XXXXXXXXXXXX</u>	
20c. TIME OF INJURY Hour <u>9:00</u> Month <u>Sept</u> Day <u>30</u> Year <u>1958</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXXXX</u>	
20e. CITY, TOWN, OR LOCATION <u>Weston</u>		20f. COUNTY <u>Platte</u>	
20g. STATE <u>Missouri</u>		20h. DATE SIGNED <u>10/8/58</u>	
21. I attended the deceased from <u>Sept. 30, 1958</u> to <u>Oct. 7, 1958</u> and last saw him alive on <u>October 6, 1958</u> Death occurred at <u>on the date stated above; and to the best of my knowledge, from the causes stated.</u>		22a. SIGNATURE <u>Louis B. Gahret M.D.</u>	
22b. ADDRESS <u>Weston Missouri</u>		22c. DATE SIGNED <u>10/8/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Oct. 8 - 58</u>	23b. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	23c. LOCATION (City, town, or county) <u>Parkville</u>	23d. STATE <u>Mo</u>
24. FUNERAL DIRECTOR <u>Leland A. Francis</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 8. 1958</u>	26. REGISTRAR'S SIGNATURE <u>B. P. Rollins</u>	



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 Waddon C. Francis, Student Embalmer No. 570

working under my personal supervision.

Student

Waddon C. Francis

Signature of Student Embalmer

Signed

Leland W. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville

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.