

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024968

FILED VS AUG 14 1959

Registration District No. 102 Primary Registration District No. 102 Registrar's No. 3661 STATE FILE NUMBER

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| 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>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                |  | Length of stay in 1b<br><b>3 weeks</b>   | c. CITY OR TOWN <b>Parkville, R. R. #4</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Houston Lake, Box 557</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Myrtle</b> Middle <b>Anderson</b> Last <b>Anderson</b> | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>28</b> Year <b>1959</b> |
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|                      |                               |   |  |                                  |   |  |
|----------------------|-------------------------------|---|--|----------------------------------|---|--|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Sept. 29, 1891</b> | 9. AGE (last birthday) <b>67</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Louisville, Illinois</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |
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| 13a. FATHER'S NAME<br><b>Merida Hockman</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Hattie Vandevyer</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Maxwell E. Anderson</b> |
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| 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<br><b>Maxwell Anderson, Parkville, Mo.</b> |
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| 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>Pseudomonas mucedolus</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 days</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Periapical abscess</b>                           | <b>10 days</b>                                    |
| DUE TO (c)   |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) |
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|--|--|--|---|----------------------|---------------------|
| 20c. TIME OF INJURY<br>Hour <b>12:05</b> a.m. <b>A</b> Month, Day, Year <b>7-14-59</b> | 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<br><b>Parkville, Mo.</b> | COUNTY<br><b>Ray</b> | STATE<br><b>Mo.</b> |
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| 21. I attended the deceased from <b>7-14-59</b> to <b>7-28-59</b> and last saw her alive on <b>7-27-59</b><br>Death occurred at <b>12:05</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE<br><b>E. A. Morris, M.D.</b> (Degree or title) | 22b. ADDRESS<br><b>4030 Noel KC 16 Mo</b> | 22c. DATE SIGNED<br><b>7-28-59</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>7-30-59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>East Slope</b> | 23d. LOCATION (City, town, or county)<br><b>Riverside, Missouri</b> | (State) |
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| 24. FUNERAL DIRECTOR<br><b>Stine &amp; McClure, Kansas City, Missouri</b> | 25. DATE RECD. BY LOCAL REG.<br><b>7-29-59</b> | 26. REGISTRAR'S SIGNATURE<br><b>neva minaloff</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. E. MC DONALD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas A. Kaehler

Licensed Embalmer No. 4993

P. O. Address K.C., 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.