

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 21 1959

59-028938

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3780 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>70 YRS.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MENORAH HOSP.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3930 WYOMING</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>ANDREW ALFRED ANDERSON</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>AUG 4, 1959</u>			
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>9 28 1867</u>	<b>9. AGE</b> (last birthday) <u>91 YRS.</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>RETIRED PAINT CONTRACTOR</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>ENTSEBO MALILLA KALMAR LANE, SWEDEN</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>UNKNOWN ANDERSON</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>EMMA ANDERSON</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT</b> Address <u>MRS. HAZEL V. SIMMONS 3930 WYOMING</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Disseminated Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>8 mos.</u>
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.	Month, Day, Year	COUNTY STATE
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE

21. I attended the deceased from 1949 8/4/1959 and last saw him alive on 8/3/59  
 Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree of title) <u>Morris Statland M.D.</u>	<b>22b. ADDRESS</b> <u>751 East 63rd-</u>	<b>22c. DATE SIGNED</b> <u>8-4-59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>23b. DATE</b> <u>AUG 6, 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>MT. MORIAH CEM</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY, MO</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>D. W. NEWCOMER'S SONS K. C. MO.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-5-59</u> <b>26. REGISTRAR'S SIGNATURE</b> <u>Neve Marshall</u>
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DOCUMENT

BY AFFIDAVIT OF Morris Statland 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Raymond M. [Signature]

Licensed Embalmer No. 4913

P. O. Address Index [Signature]

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.