URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039889

STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5502

ENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lakeside Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clinton
c. CITY OR TOWN: Lathrop — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JUANITA Middle MAY Last ANDERSON

4. DATE OF DEATH: Month Nov. Day 13 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 8, 1910
9. AGE (last birthday): 49
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Lathrop, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Edward Wickzer
13b. MOTHER'S MAIDEN NAME: Floria Hive
14. NAME OF HUSBAND OR WIFE: Wm. H. Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Wm. H. Anderson, Address: Lathrop, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary atherosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Raynauds disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 11/12/59 9:00 am to 11/13/59 and last saw her/him alive on 11/12/59
Death occurred at 11/13/59 10:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Elias E. Zirul (Degree or title) D.O.
22b. ADDRESS: 4640 Troost K.C. Mo
22c. DATE SIGNED: Nov. 14 1959

BY AFFIDAVIT OF Elias E. Zirul D.O.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov. 16, 1959
23c. NAME OF CEMETERY OR CREMATORY: Lathrop Cemetery
23d. LOCATION (City, town, or county) (State): Lathrop, Mo.

24. FUNERAL DIRECTOR: John D. Rogers-Crunk Funeral Home
ADDRESS: Lathrop, Mo.
25. DATE RECD. BY LOCAL REG.: 11-16-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Dr. Elias E. Z
4640 Troost
Lo 1-1800

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Lathrop, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.