

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS DEC 3 0 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5944 STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Jackson county		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo		Length of stay in 1b 1 day	c. CITY OR TOWN Kansas City, Kansas
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospt.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3100 Wyandotte
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Harvey Anderson	First Harvey	Middle	Last Anderson	4. DATE OF DEATH Month 12 Day 8 Year 59
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5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-11-29 78	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Realestate	11. BIRTHPLACE (City and state or country) Buchanan Co Missouri	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME Lysander Anderson	13b. MOTHER'S MAIDEN NAME Elizabeth Jane Booth	14. NAME OF HUSBAND OR WIFE None
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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) no	16. SOCIAL SECURITY NO. 515-38-5635	17. INFORMANT Mrs Zeorlin 4910 Brookside Blvd	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arterio-sclerotic Heart Disease	?
	DUE TO (c)	

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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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 Hour a.m. p.m.	Month, Day, Year
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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 COUNTY STATE
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21. I attended the deceased from 12/7/59 to 12/8/59 and last saw him alive on 12/7/59
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. Young M.D.</i>	(Degree or title)	22b. ADDRESS 1401 S. W Blvd. K.C. Mo	22c. DATE SIGNED 12/9/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-10-59	23c. NAME OF CEMETERY OR CREMATORY Highland Park	23d. LOCATION (City, town, or county) (State) Kansas City, Kan
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24. FUNERAL DIRECTOR J. Gibson & Son Funeral Home KCK	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-10-59	26. REGISTRAR'S SIGNATURE <i>Wm Trinchell</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J. Young

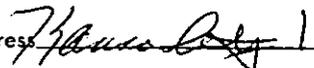
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3135

P. O. Address 

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.