

**DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JAN 19 1960, 49

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 6302-59-046695

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>JACKSON</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>KANSAS CITY</u>		Length of stay in 1b <u>4 Days</u>		c. CITY OR TOWN <u>PARKVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R#12 Box 159</u>	
3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>WEBSTER</u> Last <u>ANDERTON</u>				4. DATE OF DEATH Month <u>DEC.</u> Day <u>31</u> Year <u>1959</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/12/1903</u>	
9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Mason</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>  </u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Kansas</u>	
13a. FATHER'S NAME <u>JOSEPH ANDERTON</u>			13b. MOTHER'S MAIDEN NAME <u>BERTHA WEBSTER</u>			14. NAME OF HUSBAND OR WIFE <u>LYDIA ANDERTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>432/12/9953</u>		17. INFORMANT Address <u>Mrs. Lydia E. Anderton, Parkville, MO. R. #2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. CAUSE WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bunches pneumonia</u> DUE TO (b) <u>subarachnoid hemorrhage</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>  </u>
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		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	
21. I attended the deceased from <u>12-26-59</u> to <u>12-31-59</u> and last saw him alive on <u>12-30-59</u> Death occurred at <u>12-31-59 @ 1:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. J. Brando D.O.</u>				22b. ADDRESS <u>4712 E. Vivion Rd</u>		22c. DATE SIGNED <u>1-2-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan, 2 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL</u>		23d. LOCATION (City, town, or county) (State) <u>GLADSTONE, CLAY CO., MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>D.W. NEWCOMERS, N.K.C. MO.</u>				25. DATE RECD. BY LOCAL REG. <u>1-1-60</u>		26. REGISTRAR'S SIGNATURE <u>Reverend Marshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. J. Brando

4712 Vassar Rd -  
Dr. Brando -

1/1/51

**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 John W. Kalsbeek

Licensed Embalmer No. 4949

P. O. Address. No. Kansas

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.