RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED WS SEP 12 1960

60-030408

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4378 STATE FILE NUMBER

NDED

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: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RESEARCH HOSPITAL
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY 28
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 5631 EAST 40 HIGHWAY
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First ARTHUR Middle H. Last ANDERSON
4. DATE OF DEATH: Month AUGUST Day 24, Year 1960
5. SEX: MALE
6. COLOR OR RACE: CAUC
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-11-1881
9. AGE (last birthday): 78
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): RETIRED RANCHER
10b. KIND OF BUSINESS OR INDUSTRY: RANCHING
11. BIRTHPLACE (City and state or country): BLAKESBURG, IOWA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: DANIEL W. ANDERSON
13b. MOTHER'S MAIDEN NAME: HARRIETT PLUNEY
14. NAME OF HUSBAND OR WIFE: EVA 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.: NONE
17. INFORMANT: EVA ANDERSON, Address: 5631 E.40 Hi-Way, K.C.28, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Reticulum cell sarcoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): of abdomen + chest
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 3+ mos
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. ☐ Yes ☐ No ☐ Unknown

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 June 1960, to 8-24-60 and last saw him alive on 8-24-60
Death occurred at 9 00 p m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: 701 E 63 KC Mo
22c. DATE SIGNED: 8-26-60

BY AFFIDAVIT OF E. A. Quier

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-27-60
23c. NAME OF CEMETERY OR CREMATORY: MOUND GROVE CEMETERY
23d. LOCATION (City, town, or county) (State): INDEPENDENCE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: GEO.C.CARSON & SONS, INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG.: 8-26-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

OCT 18 1960

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_____ Signed Wm G Cantrell

Signature of Student Embalmer

Licensed Embalmer No. 5082

P. O. Address Indep, M

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