

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-030409

FILED VS. AUG 29 1960 -149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4125 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kan</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas city</u>		Length of stay in 1b <u>2 hr.</u>	c. CITY OR TOWN <u>Prairie Village</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary's Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5905 W 79th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Boy</u> Last <u>Andersen</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>10</u> Year <u>1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 10 1960</u>	9. AGE (last birthday) IF UNDER 1 YEAR: Months <u>2</u> Days <u>18</u> IF UNDER 24 HR: Hours <u>18</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Kansas city mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Richard D. Andersen</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Bolger</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>	
17. INFORMANT <u>Richard D Andersen</u>		Address <u>5905 W 79th</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Angina</u> DUE TO (b) <u>prematurity</u> DUE TO (c) <u>lack of placental</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>none</u> 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 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.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <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>Aug 10-60</u> to <u>Aug 10-60</u> and last saw her alive on <u>Aug 10-60</u> Death occurred at <u>8:10 A.M</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Samuel C. Williams M.D</u> (Degree or title)			22b. ADDRESS <u>4620 J. C. Daniels Hwy</u>		22c. DATE SIGNED <u>8/10/60</u>
23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u>		23b. DATE <u>Aug 11 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brookings</u>		23d. LOCATION (City, town, or county) (State) <u>Raytown Mo.</u>
24. FUNERAL DIRECTOR <u>Hoge Funeral Home Overland Park Ka</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-11-60</u>	26. REGISTRAR'S SIGNATURE <u>H-L. Dwyer</u>

DOCUMENT

BY AFFIDAVIT OF Dr. Samuel A. Moncell 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. R. Reynolds

Licensed Embalmer No. 3579

P. O. Address Overland Park

Not Embalmed

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.