

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED VS FEB AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 320

61-004212

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>50 years</b>	c. CITY OR TOWN <b>Prairie Village</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Baptist Memorial Hosp</b>			d. STREET ADDRESS <b>5125 W. 73rd Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>EUGENE</b> Last <b>ANDERSON</b>			4. DATE OF DEATH Month <b>January</b> Day <b>17</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-22-97</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manufacturer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>W.E. Anderson Co Hospital Equip.</b>		11. BIRTHPLACE (City and state or country) <b>Trenton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Arnonz Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Daisy Swebston</b>		14. NAME OF HUSBAND OR WIFE <b>Faye Anderson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>486-03-4473</b>	17. INFORMANT Address <b>Prairie Vill. KS</b> <b>Mrs. Faye Anderson, 5125 W. 73rd</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Terminal Ventricular Fibrillation</b>					<b>1 hour</b>
DUE TO (b) <b>Recurrent Myocardial infarctions</b>					<b>1 year</b>
DUE TO (c) <b>Coronary Artery Sclerosis and Thrombosis</b>					<b>1 year</b>
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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Sept. 10th, 1956</b> to <b>Jan. 17, 1961</b> and last saw <b>him</b> alive on <b>Jan. 17, 1961</b> Death occurred at <b>10:35 P.</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Graham Asher M.D.</b>			22b. ADDRESS <b>1220 Prof. Bldg. Kan. City, Mo</b>		22c. DATE SIGNED <b>1-18-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 20, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, Kan. City, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>1-19-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

DATE AMENDED \_\_\_\_\_

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS \_\_\_\_\_

INSTEAD OF \_\_\_\_\_

DOCUMENT \_\_\_\_\_

MEDICAL CERTIFICATION \_\_\_\_\_

Affidavit of \_\_\_\_\_

BY AFFIDAVIT OF \_\_\_\_\_

ITEM NO. SHOULD READ \_\_\_\_\_

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**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 Harry E. Clements

Licensed Embalmer No. 4530

P. O. Address Wesmont Hill,

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.