

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016429

STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 62

FILED MAY 31 1961

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Amoret</u>	
Length of stay in 1b <u>3 weeks</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bates Co. Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1/2 East Amoret</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>L.</u> Last <u>Anderson</u>			4. DATE OF DEATH Month <u>4</u> Day <u>16</u> Year <u>61</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>8-23-1874</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Lawrence, Kans.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Daniel Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Tirzih Logan</u>	
14. NAME OF HUSBAND OR WIFE <u>Agnes Anderson</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>Mrs. Agnes Anderson, Amoret, Mo.</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>PULMONARY edema</u> DUE TO (b) <u>Left And Right Side heart failure</u> DUE TO (c) <u>chronic hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Nephritis - 8 YEARS - Cerebral hemorrhage (Jan-61)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS.</u> <u>6 months</u> <u>4 YEARS.</u>	

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>		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>April 10 '61</u> to <u>April 15 '61</u> and last saw him alive on <u>April 15 - 61</u> Death occurred at <u>10:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>L. S. Laffner</u>		(Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Butler, Mo.</u>	
22c. DATE SIGNED <u>5/24/61</u>					

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-18-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mulberry Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bates County, Mo.</u>
24. FUNERAL DIRECTOR <u>Archer & Mangold, Amsterdam, Mo.</u>		ADDRESS <u> </u>		25. DATE RECD. BY LOCAL REG. <u>May 27-61</u>	
26. REGISTRAR'S SIGNATURE <u>Randall Kury</u>					

(Licensed Embalmer's Statement on Reverse Side)

1961 I NNC SA

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. 4972

P. O. Address La Cygne, Kans.

* 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.