

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022159

STATE FILE NUMBER

AMENDED

Registration District No. 280
FILED JUN 15 1961

Primary Registration District No.

Registrar's No. 36

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived in 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>Parkville</u>		c. CITY OR TOWN <u>Parkville</u>	
Length of stay in 1b <u>15 yrs</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R-1-Bx 343</u>		d. STREET ADDRESS (If outside, give location) <u>R-1-Bx 343</u>	
Yes ☐ No ☒		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Jeremiah</u> Middle <u>Anders</u> Last <u>Anders</u>		4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1961</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Mar 22-1880</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
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>Grain & Stock</u>	
11. BIRTHPLACE (City and state or country) <u>Parkville Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME <u>James L. Anders</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Masterson</u>	
14. NAME OF HUSBAND OR WIFE <u>Mabel Wilson Anders</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>495-42-8046</u>		17. INFORMANT <u>Mabel Anders</u> Address <u>Parkville 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>Cerebral vascular accident 2W</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized A.S.</u> DUE TO (c) <u>A S H D</u>		INTERVAL BETWEEN ONSET AND DEATH	
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 <u>9</u> a.m. <u>pm</u> Month, Day, Year <u>June 3 1961</u>		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.) <u>1455</u>		20f. CITY, TOWN, OR LOCATION <u>Parkville</u> COUNTY <u>Platte</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>9 pm</u> to <u>11 pm</u> and last saw him alive on <u>6/3/61</u>		Death occurred at <u>9 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>William Parker</u> (Degree or title)		22b. ADDRESS <u>Platte City, Mo</u>	
22c. DATE SIGNED <u>6/6/61</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>June 6-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>
24. FUNERAL DIRECTOR <u>Leland N. Francis</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>June 6, 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Philip R. Ralston</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

L. H. Francis

Licensed Embalmer No.

3451

P. O. Address

Parkville

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.