

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5208-62-038557
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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

FILED OCT 25 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Parkville</u>	
c. FULL NAME OF (if NOT in hospital, give location) <u>St Joseph</u>		d. STREET ADDRESS (If outside, give location) <u>R-3 Box 391</u>	
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>Lynn</u> Last <u>Anderson</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>12</u> Year <u>1962</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w.</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>9/4/45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	
11a. FATHER'S NAME <u>Alzie E. Anderson</u>		11b. MOTHER'S MAIDEN NAME <u>Esther Beres Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-48-4855</u>	
17. INFORMANT <u>Mrs Esther Anderson</u>		Address <u>Parkville</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>Heart Failure, vt.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Infectious infiltration of lungs</u> DUE TO (c) <u>Myeloid Leukemia, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anemia, secondary</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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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>8:15</u> a.m. <u>16</u> Month, Day, Year <u>1962</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.) <u>East Slope</u>		20f. CITY, TOWN, OR LOCATION <u>Parkville</u>	
20g. COUNTY <u>Mo.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Sept 16, 1962</u> to <u>Oct 11, 1962</u> and last saw him alive on <u>Oct 11, 1962</u> Death occurred at <u>8:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>E. Charles L. Long M.D.</u>	
22b. ADDRESS <u>618 Poplarwood Hdy K.S. Mo</u>		22c. DATE SIGNED <u>10-15-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Oct 15-62</u>	23b. DATE <u>Oct 15-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>	23d. LOCATION (City, town, or country) (State) <u>Parkville - Mo.</u>
24. GENERAL DIRECTOR <u>Jelaud H. Francis</u>		25. DATE RECD. BY LOCAL REG. <u>10-15-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

DOCUMENT

BY AFFIDAVIT OF Chas. S. Cooper MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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FEB 19 1963

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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo

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.

Dr. Cooper