No. 300
10.46

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4827

BIRTH NO. 8613 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 638

1. PLACE OF DEATH
a. COUNTY Jackson — Childrens Mercy Hospital
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City, Mo
c. LENGTH OF STAY (in this place) 28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Childrens Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Odessa
d. STREET ADDRESS (If rural, give location) #R I

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Leslie III
c. (Last) Anson

4. DATE OF DEATH (Month) (Day) (Year) 2 — 11 — 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH 1-14-52
9. AGE (In years last birthday) — If under 1 year: Months — Days 28 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Odessa, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Leslie Anson Jr.
13b. MOTHER'S MAIDEN NAME Lawana Smith
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Father - John Leslie Anson Jr. **ADDRESS** Odessa Mo. #RI

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomyelitis meningitis.
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) bacterial meningocele. non epidemic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14, 1952, *to* Feb 11, 1952, *that I last saw the deceased alive on* Feb 11, 1952, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H.M. Gilkey **(Degree or title)** MD
23b. ADDRESS 1624 Prof Bldg
23c. DATE SIGNED Feb 11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-11-52
24c. NAME OF CEMETERY OR CREMATORY Odessa Cem.
24d. LOCATION (City, town, or county) (State) Odessa, Mo.

DATE REC'D BY LOCAL REG. 2-11-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Husman - Sparks **ADDRESS** Odessa, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....
Student Embalmer

Signed William T. Sparks

Licensed Embalmer No. # 4431

P. O. Address Odessa, 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 this body is not embalmed, fact should be so stated above.