

FILED MAR 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5700
866

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

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | c. LENGTH OF STAY (In this place) 6 Hrs. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City North, "Rural" 7000 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph | | d. STREET ADDRESS (If rural, give location) 5606 Purcell | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Anderson c. (Last) Anderson | | | 4. DATE OF DEATH February 6, 1953 (Month) (Day) (Year) | |
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|-------------|------------------------|--|--------------------------------|--|------------------------------------|----------------------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH June 22, 1938 | | 9. AGE (In years last birthday) 14 | IF UNDER 1 YEAR Months 7 Days 14 | IF UNDER 24 HRS. Hours Min. |
|-------------|------------------------|--|--------------------------------|--|------------------------------------|----------------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) St. James, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
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| 13a. FATHER'S NAME Mar Julian Anderson | | 13b. MOTHER'S MAIDEN NAME Sarah Clark | | 14. NAME OF HUSBAND OR WIFE None | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Wendell 5606 Purcell K.C. 16, Mo. | | | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification <i>Rheumatic Pan Arteritis.</i> <i>Acute Rheumatic Fever</i> | | | | INTERVAL BETWEEN ONSET AND DEATH 4013 | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
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| 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

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| 23a. SIGNATURE Russell W. Keiser | | (Degree or Title) M.D. | | 23b. ADDRESS St. Joseph's Hospital | | 23c. DATE SIGNED Feb 26 53 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Feb. 9, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery | 24d. LOCATION (City, town, or county) (State) Liberty, Missouri | | |
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| DATE REC'D BY LOCAL REG. 2-9-53 | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Penner-Creber Co. Liberty, Mo. | | |
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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

John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.