

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28482

State File No. 3823

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 yr.		e. STREET ADDRESS (If rural, give location) 3221 Independence Ave. 3188	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3221 Independence Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) MARION b. (Middle) CLAY c. (Last) ANDERSON		4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 13, 1919 83 3/4 yrs
9. AGE (In years last birthday) Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Emporia, Kans. /	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		12. CITIZEN OF WHAT COUNTRY? U.S.	
10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME Edgar Anderson	13b. MOTHER'S MAIDEN NAME Catherine Brown	14. NAME OF HUSBAND OR WIFE Betty J. Anderson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Betty J. Anderson ADDRESS K. C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gunshot wound</i>		INTERVAL BETWEEN ONSET AND DEATH  27360 27:19
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Head</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Kansas City Jackson 23</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 30 1953 m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>apparently shot himself</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) <i>Geo C Kealhofer, MD, Deputy Coroner</i>	23b. ADDRESS 405 S Broadway, Kansas	23c. DATE SIGNED 8-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Emporia, Kansas
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DATE REC'D BY LOCAL REG. 8-3-53	REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheil Funeral Home K. C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 9 1953

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 *Richard E. Carroll*

Licensed Embalmer No. *4829*

P. O. Address *K. C. M.*

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.