

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **1196**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **281**

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <b>JACKSON</b>			a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3420 SMART</b>			d. STREET ADDRESS (If rural, give location) <b>3420 SMART</b>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>HARRY</b>	b. (Middle) <b>EVERETT</b>		c. (Last) <b>ANDERSON</b>		<b>JAN. 15 1954</b>
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>JULY 31, 1893</b>		<b>9. AGE</b> (In years last birthday) <b>60</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>LOADER &amp; PACKER</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>GENERAL MILLS</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>PRESTON, MISSOURI</b>	
<b>13a. FATHER'S NAME</b> <b>G. F. ANDERSON</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>RUEAH MACKAY</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>NELLIE L. ANDERSON</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>YES</b>		<b>16. SOCIAL SECURITY NO.</b> <b>W.W.# 1 496-05-9287</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>NELLIE MRS. ANDERSON</b>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c))		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Myocardial Infarction</b>			
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<b>4 1/2</b>

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

**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.**

<b>23. SIGNATURE</b> <b>Hugh H. Owens</b> (Degree or title)			<b>23b. ADDRESS</b>			<b>23c. DATE SIGNED</b>		
<b>Paul C. Owens Coroner 3</b>			<b>1039 Rialto Bldg</b>			<b>1-15-54</b>		
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b>		<b>24b. DATE</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION (City, town or county) (State)</b>		
<b>Removal</b>		<b>1-21-54</b>		<b>—</b>		<b>Preston Mo.</b>		
<b>DATE REC'D BY LOCAL REG.</b>			<b>REGISTRAR'S SIGNATURE</b>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b>		
<b>1-19-54</b>			<b>Seraldine Smith</b>			<b>C. H. Blackman &amp; Son, N.C. Mo.</b>		

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**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 Bert B. Bennie

Licensed Embalmer No. 4656

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.