

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4708**
712

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. LENGTH OF STAY (in this place) 7 YEARS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) HANS b. (Middle) _____ c. (Last) ANDERSEN		4. DATE OF DEATH (Month) (Day) (Year) FEB. 12, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 14, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		11. BIRTHPLACE (City and State or Foreign Country) DENMARK, SWEDEN	
10b. JOB, KIND OF BUSINESS OR INDUSTRY H.M. PARTS COMPANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN ANDERSEN		14. NAME OF HUSBAND OR WIFE ANN E. ANDERSEN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ANN E. ANDERSEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME ANN E. ANDERSEN ADDRESS 3717 HARRISON STREET KANSAS CITY, MISSOURI	
16. SOCIAL SECURITY NO. 490-34-1689		17. INFORMANT'S SIGNATURE OR NAME ANN E. ANDERSEN ADDRESS 3717 HARRISON STREET KANSAS CITY, MISSOURI	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 9 , 19 54 , to Feb 11 , 19 54 , that I last saw the deceased alive on Feb 11 , 19 54 , and that death occurred at 4:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Adrian J. Brown, M.D. (Degree or title)		23b. ADDRESS 4526 Paseo KCMO	
23a. SIGNATURE Adrian J. Brown, M.D. (Degree or title)		23c. DATE SIGNED 2-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY	
24b. DATE FEB. 15, 1954		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 2-15-54		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Newcomer, Sons ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI	
REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Newcomer, Sons ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI	

(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.....
Signature of Student Embalmer

Signed *Rollie Kessel*.....

Licensed Embalmer No. *469*.....

P. O. Address *KC 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.