

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

State File No. **8472**
1247
Registrar's No.

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY FRANKLIN	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 19 DAYS	c. CITY OR TOWN WILLIAMSBURG	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION COLONIAL NURSING HOME		e. STREET ADDRESS (If rural, give location) WILLIAMSBURG, KANSAS	
3. NAME OF DECEASED (Type or Print) DOROTHY		a. (First)	b. (Middle)
a. (First)	b. (Middle)	c. (Last) ANDERSON	4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 5, 1923
9. AGE (In years last birthday) 31	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) WAUKEGAN, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MARTIN JOONICH	13b. MOTHER'S MAIDEN NAME HELEN UNKNOWN	14. NAME OF HUSBAND OR WIFE EDGAR M. ANDERSON	
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 EDGAR M. ANDERSON, Williamsburg, Ks.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia	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) Medullary Paralysis	
		DUE TO (c) Cerebral Hemorrhage	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thickened Bone of Calvarium.	331 X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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 7:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE D. A. HOSKINS (Degree or title) D. A. Hoskins M.D. Pathologist		23b. ADDRESS 2105 Independence Ave. R.C. Mo.	23c. DATE SIGNED 3-20-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MARCH 20, 1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) OTTAWA KANSAS
DATE REC'D BY LOCAL REG. 3-20-54	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Newcomer ADDRESS 1331 BAYSH CREEK BLVD. KANSAS CITY, MISSOURI	

MAY 11 1954

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.....
John B Lewis

Licensed Embalmer No. 487

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.