

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8473**

FILED APR 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1248</u>		
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</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>1 YR.</b>		c. CITY OR TOWN <b>HUGHESVILLE</b>		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 <b>BEVERLY NURSING HOME</b>				e. STREET ADDRESS (If rural, give location) <b>RURAL RT. # 1</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>C.</b> c. (Last) <b>ANDERSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 20, 1954</b>					
5. SEX <b>D</b> <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 17, 1873</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>CARROL ANDERSON</b>		13b. MOTHER'S MAIDEN NAME <b>JULEY BENFIELD</b>		14. NAME OF HUSBAND OR WIFE <b>NOT KNOWN</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>FRANCIS F. ANDERSON</b> ADDRESS <b>3906 ARDRETT KANSAS CITY</b>				
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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac dilatation</b>	DUPLICATE OF (a) <b>Acute Cardiac dilatation</b>						<b>24 hours</b>	
ANTECEDENT CAUSES	DUPLICATE OF (b) <b>Coronary thrombosis</b>						<b>3 days</b>	
DUPLICATE OF (c) <b>Hypertensive cardiovascular disease</b>	DUPLICATE OF (c) <b>Hypertensive cardiovascular disease</b>						<b>2 years +</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary fibrosis</b>	DUPLICATE OF (d) <b>Pulmonary fibrosis</b>						<b>2 years +</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		4201		
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 <b>Jan 8, 1952</b> , to <b>March 20, 1954</b> , that I last saw the deceased alive on <b>March 19, 1954</b> , and that death occurred at <b>9:45 P. M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Herbert Shuey</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>3903 Brooklyn R. C. No.</b>		23c. DATE SIGNED <b>3-20-54</b>		
24a. BURIAL, CREMATION, REMOVAL <b>BURIAL</b>		24b. DATE <b>3/22/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CROWN HILL CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>SEDALIA, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>3-20-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Heckert, Sedalia, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

1956 JUL 8 707

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 *Russell C. Maag* .....

Licensed Embalmer No. *480*

P. O. Address *Sedalia,* .....

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.