

11947

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

1509

Registrar's No. _____

No. 300

10-48

| | | | | | | | | | |
|---|--|--|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> | | | | b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | | c. LENGTH OF STAY (in this place) <u>3 Weeks</u> | | c. CITY OR TOWN <u>Kansas City, Mo.</u> | | 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 <u>Trinity Lutheran Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>8460 Meadow Lane</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> | | | b. (Middle) | | c. (Last) <u>ANDERSON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 5 1954</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>August 29th, 1868</u> | | 9. AGE (In years last birthday) <u>85</u> | |
| 10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sweden</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | |
| 13a. FATHER'S NAME <u>Gustaf Ost</u> | | | 13b. MOTHER'S MAIDEN NAME & F. <u>Bertha Ost</u> | | | 14. NAME OF HUSBAND OR WIFE <u>John C. Anderson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. D. Anderson, Johnson Co. Kansas</u> | | | | | |
| 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) <u>My permanent Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>by pertussis</u> DUE TO (b) <u>atypical Pneumonia 10 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility - arterio-sclerosis</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> | |
| 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) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 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 <u>March 13, 1954</u> to <u>April 1, 1954</u> that I last saw the deceased alive on <u>4-5-54</u> , 1954, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Don Carlos Peete</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>1500 Prof Bldg</u> | | 23c. DATE SIGNED | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4-6-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town or county) (State) <u>Lansing, Pa.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>4-5-54</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Freeman Mortuary Kansas City, Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

April 5:30 P.M.

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 *Clayton K Barnes*
.....
Licensed Embalmer No. 4793

P. O. Address *K E 7*
.....

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.