

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

2526

No. 300
10.48

FILED JUL 12 1954

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 Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 10 Days		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: St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) Providence Hospital <i>8150</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) Sister Mary	b. (Middle) Anastasia	c. (Last) Anderson	4. DATE OF DEATH (Month) (Day) (Year) June 5 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 11, 1902	9. AGE (In years last birthday) 52-2-25	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious	10b. KIND OF BUSINESS OR INDUSTRY Catholic Nun	11. BIRTHPLACE (City and State or Foreign Country) Pittsburg Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Anderson	13b. MOTHER'S MAIDEN NAME Ellen Gallagher	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Providence Hospital, K.C.K.	ADDRESS
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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) Cerebral Hemorrhage following Surgery - Bilateral Transorbital Laminectomy		4 1/2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nervous - emotional DUE TO (c) Depressive		Approx 2 hours
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Life	
		3011	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1954, to June 5, 1954, that I last saw the deceased alive on June 5, 1954, and that death occurred at 11:05A m., from the causes and on the date stated above.

23a. SIGNATURE Frank J. Keenig (Degree or title) MD	23b. ADDRESS Professional Bldg., K.C. Mo	23c. DATE SIGNED 6/5/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 6/1954	24c. NAME OF CEMETERY OR CREMATORY Xavier Cemetery	24d. LOCATION (City, town, or county) (State) Xavier, Kansas
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DATE REC'D BY LOCAL REG. 6-5-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons	ADDRESS Kansas City, Kansas
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

8118

OCT 18 1932

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.....
Don Bee

Licensed Embalmer No. 3426

P. O. Address Kansas City,

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.