

FILED AUG 18 1954

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

27022

State File No.

 BIRTH NO. 52389-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3454

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jackson</p>	
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>2 days</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		f. STREET ADDRESS <u>4548 Penn</u>		g. (If rural, give location) <u>3648</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>KAREN</u>	b. (Middle) <u>SUE</u>	c. (Last) <u>ANDERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 54</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>		8. DATE OF BIRTH <u>July 14, 1954</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 12 HRS. Hours Min. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Theodore A. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>--- Ross</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ted A. Anderson, 4548 Penn, Kansas City, Mo</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>Crematorium Labor + Birth</u> 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. <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>776h</u>
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) <u>12</u>	
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>14 July 1954</u> , to <u>16 July 1954</u> , that I last saw the deceased alive on <u>16 July 1954</u> , and that death occurred at <u>3:25 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Geraldine Smith</u>		23b. ADDRESS <u>4635 Myrtle</u>		23c. DATE SIGNED <u>17 July 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>		24f. ADDRESS <u>K.C.MO.</u>	
DATE REC'D BY LOCAL REG. <u>7-18-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. K.C.MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Kenneth E. Cox MD

No. 300
10. 48

Mr. Kenneth E. Cox
4635 W. Grandville
Je 9400

Exp- 3145

after 3:00 pm to 5:00

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 F. S. Walton.....

Licensed Embalmer No. 274

P. O. Address K. E. M.

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.