No. 300
10.48

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

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 178

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Buchanan 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Letts Home for Aged 716 North 6th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 902 North 6th St. 0117 0

3. NAME OF DECEASED (Type or Print)
a. (First): BARTIE
b. (Middle): E. (Sanders)
c. (Last): ANDERSON

4. DATE OF DEATH (Month) Jan. (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7, 1874
9. AGE (In years last birthday): 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Osage City, Kansas
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: John Worthington
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: William M. Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: William M. Anderson — ADDRESS: St. Joseph, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: 10 days

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.* Fell at home on 12-23-54 - Rractured right hip

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
E 9030 20
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) St. Joseph, (COUNTY) Buchanan 13, (STATE) Missouri
21d. TIME OF INJURY (Month) Dec (Day) 23, (Year) 1954 (Hour) ? A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell in kitchen

22. *I hereby certify that I attended the deceased from* 1/24, 1954, *to* 1/16, 1955, *that I last saw the deceased alive on* 1/16, 1955, *and that death occurred at* 2:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE H. F. Mundy (Degree or title) M.D.
23b. ADDRESS 2801 Sacramento St. Joseph, Mo.
23c. DATE SIGNED 1/17/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 18, 1955
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county): St. Joseph (State): Missouri

DATE REC'D BY LOCAL REG.: Jan. 24, 1955
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Stamey Funeral Home
ADDRESS: St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Charles E. Bennett.....

Licensed Embalmer No...463,

P. O. Address St Joseph...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.