

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 - 1955

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 MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township)
KANSAS CITY

c. CITY OR TOWN KANSAS CITY

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
5521 WAYNE AVENUE

STREET ADDRESS (If rural give location)
5521 WAYNE AVENUE

3. NAME OF DECEASED
a. (First) CLEMENCE b. (Middle) JOSEPH c. (Last) ANDERMATT

4. DATE OF DEATH
(Month) (Day) (Year)
JANUARY 13, 1955

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH
APRIL 11, 1868

9. AGE (in years last birthday) 87
IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED 4 YEARS

10b. KIND OF BUSINESS OR INDUSTRY
GROCCER

11. BIRTHPLACE (City and State; Foreign Country)
LOUISVILLE, KENTUCKY

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
ENGLBERT ANDERMATT

13b. MOTHER'S MAIDEN NAME
AGATHA ETTERS

14. NAME OF HUSBAND OR WIFE
MRS. MARY E. ANDERMATT

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.
500-28-0383

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MISS RUTH ANDERMATT 5521 WAYNE KANSAS CITY 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
Morbidity 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.
History faint chest one week

INTERVAL BETWEEN ONSET AND DEATH
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
natural

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3

23b. ADDRESS
1034 Prairie Blvd

23c. DATE SIGNED
1-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
JAN. 15, 1955

24c. NAME OF CEMETERY OR CREMATORY
MEMORIAL PARK CEM.

24d. LOCATION (City, town, or county) (State)
KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.
1-15-55

REGISTRAR'S SIGNATURE
Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE
W. H. Newcomer 1331 BROAD CREEK DR. KANSAS CITY, MISSOURI

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

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 *James T. Deever*.....
Licensed Embalmer No. *44*.....

P. O. Address *Florida*.....

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.