

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33642

State File No.

FILED OCT 17 1955

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>2329 Claremont</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Frances</u>	b. (Middle) <u>Agnes</u>	c. (Last) <u>Anderson</u>	(Month) <u>Oct.</u>	(Day) <u>5</u>	(Year) <u>1955</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 12, 1910</u>	9. AGE (In years last birthday) <u>45</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Van Duser, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Marion A. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Gibbs</u>	14. NAME OF HUSBAND OR WIFE <u>Dr. Edwin H. Anderson</u>
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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>86-05-5000</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Edwin H. Anderson</u>	ADDRESS <u>Independence, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral and Subarachnoid</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hemorrhage due to</u> DUE TO (c) <u>ruptured cerebral aneurysm</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>330x</u>			

19a. DATE OF OPERATION <u>10/5/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ruptured aneurysm of right middle cerebral artery</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William G. Van M.D.</u>	23b. ADDRESS <u>701 E. 63rd St. K.C. Mo</u>	23c. DATE SIGNED <u>10/7/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/11/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>

DATE REC'D BY LOCAL REG. <u>10-7-55</u>	REGISTRAR'S SIGNATURE <u>James H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>	ADDRESS <u>Independence, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

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

007 311

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

Student Embalmer

Signed Harold E. Padrel

Licensed Embalmer No. 4609

P. O. Address Indigo Mo.

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 this body is not embalmed, fact should be so stated above.