

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1957

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STATE FILE NUMBER **8728** 156

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		35/8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT IN HOSPITAL, give location) HOSPITAL OR STATE HOSPITAL #2			Length of stay in 1b 26 Mos.		d. STREET ADDRESS 3815 Walnut St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Frank Middle Mitchell Last Anderson				4. DATE OF DEATH Month Feb. Day 12, Year 1957									
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 13, 1878		9. AGE (In years last birthday) 78		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) Unknown			10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Unknown			12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown									
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 Address State Hospital #2 Records, St. Joseph, Mo.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-Pneumonia										INTERVAL BETWEEN ONSET AND DEATH 2 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Decompensated Heart			
										DUE TO (c) Old Age			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2										
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE				
21. I attended the deceased from Nov. 15, 1956 to Feb. 12, 1957 and last saw him ^{her} her alive on Feb. 12, 1957 Death occurred at 7:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE R. P. Price M.D.				(Degree or title)				22b. ADDRESS State Hosp #2 St Joseph				22c. DATE SIGNED 2-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 13, 1957		23c. NAME OF CEMETERY OR CREMATORY Freeman Funeral Home			23d. LOCATION (City, town, or county) (State) Kansas City, Mo.						
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc. St. Joseph, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Feb 14, 1957		26. REGISTRAR'S SIGNATURE Kathleen M. Allison					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be verified. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FEB 25 1957

MAY 29 1957

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 *Robert C. Farrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph,

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