

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

4552

871

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Liberty</b>		6001 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>			Length of stay in 1b <b>2 weeks</b>		d. STREET ADDRESS <b>426 Arthur</b>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Harold V. Anderson</b>				First <b>Harold</b>		Middle <b>V.</b>		Last <b>Anderson</b>		4. DATE OF DEATH <b>Feb. 22, 1957</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 1, 1907</b>		9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>lighting engineer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Westinghouse</b>		11. BIRTHPLACE (City and state or country) <b>Billings, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Virgil W. Anderson</b>					14. MOTHER'S MAIDEN NAME <b>Laura Jones</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>487-01-0762</b>		17. INFORMANT Address <b>Nellie Ruth Anderson Liberty, Mo</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Myocardial infarction</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>14 DAYS</b> <b>1201</b>	
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 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.) <b>0</b>								
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 <b>Liberty, Mo</b>			COUNTY		STATE
21. I attended the deceased from <b>Feb 7, 1957</b> to <b>Feb 22, 1957</b> , last saw <sup>her</sup> <del>him</del> alive on <b>Feb 22, 1957</b> . Death occurred at <b>10:30 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>James W. Willoughby MD</b> (Degree or title)					22b. ADDRESS <b>Liberty, Mo</b>					22c. DATE SIGNED <b>Feb 23, 1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>2-25-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Kansas City North, Mo</b>				
24. FUNERAL DIRECTOR <b>Tyler-Pasley Funeral Home</b>			ADDRESS <b>Liberty Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-23-57</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>				

(Licensed Embalmer's Statement on Reverse Side)

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  
James W. Willoughby

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Charles F. Tipton*  
.....

Licensed Embalmer No. 415

P. O. Address *Liberty*

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