THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8556

FILED APR 2 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1222

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS City — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. MARY'S HOSPITAL — Length of stay in this place: 39 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location): 6714 BELLEFONTAINE — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First JOHN Middle LOGAN Last ANDERSON

4. DATE OF DEATH: Month MARCH Day 13 Year 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED X NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH: MARCH 11, 1895

9. AGE (In years last birthday): 62

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): SALESMAN & INTERIOR DECORATOR

10b. KIND OF BUSINESS OR INDUSTRY: JONES STORE - DRY GOODS Co.

11. BIRTHPLACE (City and state or country): CLARKSBURG, MISSOURI

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

13. FATHER'S NAME: T. B. ANDERSON

14. MOTHER'S MAIDEN NAME: JOHANNA ALLEY

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.: 487-01-1998

17. INFORMANT: MRS. LUCILLE HAUSE, Address: 7314 HIGHLAND K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardiac rupture — INTERVAL BETWEEN ONSET AND DEATH: 6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary infarction

DUE TO (c): Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None

19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 3-9-57 to 3-13-57 and last saw ~~her~~ him alive on 3-13-57

Death occurred at 10:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John R. Whiteman (Degree or title) MD

22b. ADDRESS: 6314 Brookside Pl

22c. DATE SIGNED: 3-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MARCH 16 1957

23c. NAME OF CEMETERY OR ~~CREMATORY~~: FLORAL HILLS CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS City MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 331 BRUSH CREEK KANSAS City, Mo.

25. DATE RECD. BY LOCAL REG.: 3-16-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issued. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John R. Whiteman

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 41

P. O. Address K. C.,

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.