

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16200

STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 610

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
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 St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF DECEASED (Include hospital or institution) WILLIAM PATTERSON ANDERSON			Length of stay in institution 15 days		d. STREET ADDRESS (If outside, give location) 110 S. 10th St.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WILLIAM Middle PATTERSON Last ANDERSON				4. DATE OF DEATH Month June Day 1 Year 1957					
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 24, 1914			
9. AGE (In years last birthday) 42		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) invalid			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) Camden Point, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William Anderson				14. MOTHER'S MAIDEN NAME Abbie Sinchorn					
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 Mrs. C. P. Tumlinson, 2531 S. 12th 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) Arteriosclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH Unk.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Generalized Arteriosclerosis							
		DUE TO (c) _____							
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.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION		COUNTY		STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
21. I attended the deceased from 5/31/57 to 6/1/57 and last saw ^{him} her alive on 5/31/57				Death occurred at 11:45 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. Meluskey</i>				22b. ADDRESS Social Welfare Board 10th & Olive, Patee Hall St. Joseph, Mo.		22c. DATE SIGNED 6/1/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE 6-3-57		23c. NAME OF CEMETERY OR CREMATORY Dearborn Cemetery		23d. LOCATION (City, town, of county) Dearborn Missouri		(State)	
24. FUNERAL DIRECTOR Haney Funeral Home St. Joseph Mo				ADDRESS St. Joseph Mo		25. DATE RECD. BY LOCAL REG. June 4, 1957		26. REGISTRAR'S SIGNATURE Gather M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

William J. ...

Licensed Embalmer No. 4535

P. O. Address 725 N. ...

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.