

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **47201**  
Registrar's No. **6078**

FILED JAN 17 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>4 years</b>	c. CITY OR TOWN <b>Kansas City, Mo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		STREET ADDRESS (If rural, give location) <b>1019 4529 No. Forest</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lena</b> b. (Middle) <b>Frances</b> c. (Last) <b>Anderson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 20, 1957</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 20, 1923</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or an if retired) <b>Employee Sales Rubber Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Liberty, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Edward H. Earle</b>	13b. MOTHER'S MAIDEN NAME <b>Ethel Lindsey</b>	14. NAME OF HUSBAND OR WIFE <b>Lewis Anderson</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year) (unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-20-7136</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lewis Anderson</b>	ADDRESS <b>4529 N. Forest K.C. 16 Mo.</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gramenelo - Nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<b>593 X</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumonia</b>		<b>1 wk</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min)	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 **Sept 21**, 19**57**, to **Dec 20**, 19**57**, that I last saw the deceased alive on **Dec 20**, 19**57**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Martin J. Mueller M.D.</b>	23b. ADDRESS <b>535 Angler Bldg KC Mo.</b>	23c. DATE SIGNED <b>12-21-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-23-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Stadstone Mo.</b>
DATE REC'D BY LOCAL REG. <b>12-23-57</b>	REGISTRAR'S SIGNATURE <b>Reva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. Newcomers, N. K. C. 16 Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Mart. in J. Mueller



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

*John Walsback*

Licensed Embalmer No. *4949*

P. O. Address *No. Kansas*

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.