

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1142
STATE FILE NUMBER
149 Primary Registration District No. 1002 Registrar's No. 384

FILED FEB 13 1958

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-57

1. PLACE OF DEATH a. COUNTY JACKSON		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 KANSAS CITY		c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb MENORAH Hosp Life	
d. CITY OR TOWN KANSAS CITY		e. STREET ADDRESS (If outside, give location) 456 W. 68th St.	
3. NAME OF DECEASED First Middle Last ROSEMARY ANDERSON		4. DATE OF DEATH Month Day Year JAN 23 1958	
5. SEX FEMALE	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 JUNE 7, 1897
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) KANSAS CITY MO
12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY None	
13a. FATHER'S NAME FRANCIS McGUIRE		13b. MOTHER'S MAIDEN NAME NELLIE GLEESON	
14. NAME OF HUSBAND OR WIFE Wm. ANDERSON Jr.		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 MR Wm. ANDERSON JR. K. C. 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) Carcinoma Metastasis Brain. DUE TO (b) Cancer Left Breast. DUE TO (c) Generalized Carcinomatosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 10da. 2 yrs. 1 yr.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 June 30 1955 to 1/23/58. and last saw her alive on 1/23/58. Death occurred Menorah Hospital (the date stated above; and to the best of my knowledge, from the causes stated.)			
22a. SIGNATURE (Degree or title) L. Naudel M.D.		22b. ADDRESS 7016 63rd	
22c. DATE SIGNED 1/24/58.		23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE JAN. 25, 1958		23c. NAME OF CEMETERY OR CREMATORY CALVARY	
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		24. FUNERAL DIRECTOR ADDRESS Melody M. Gilley 1500 East Linwood Kansas City, MO.	
25. DATE RECD. BY LOCAL REG. 1-25-58		26. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

D. T. Van Del

Dr D.T. Van Del.
701 E 63rd St
HI-4-5042

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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 *James W. Wair*

Licensed Embalmer No. *4650*
P. O. Address *K.C., Mo.*

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.