

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

75-000243

FILED JAN 26 1959

STATE FILE NUMBER 1000 55
Registrar's No.

Registration District No. Primary Registration District No.

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb 48 yrs	d. STREET ADDRESS (If outside, give location) 1023 No. 2nd St.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ALICE IRENE ANDERSON			4. DATE OF DEATH Month Day Year Jan. 12 1959		
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 Aug. 21, 1898		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Oregon Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME John E. Nowland		13b. MOTHER'S MAIDEN NAME Carrie Frances Gould		14. NAME OF HUSBAND OR WIFE Mr. Robert Anderson	
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. Robert Anderson Address 1023 No. 2nd St. 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) <i>multiple acute pulmonary infarctions</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>severe hypertensive cardiovascular renal disease</i>	<i>10 years</i>	
	DUE TO (c) <i>Septic emboli, lobe pneumonia secondary to a</i>	<i>1 day</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Extreme obesity. Ventral hernia. Large cystic ov. retrocoll. Chr. cystitis. Deformities.

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.) <i>442 X</i>	
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	COUNTY STATE

21. I attended the deceased from *July 31, 1948* to *Jan. 12, 1959* and last saw her alive on *Jan. 12, 1959*
Death occurred at *7:45 P* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Thompson E. Potter</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>731 Faxon St. St. Joseph, 54, Mo.</i>	22c. DATE SIGNED <i>Jan. 14, 59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan. 16, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cemetery</i>	23d. LOCATION (City, town, or country) <i>St. Joseph Missouri</i>
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24. FUNERAL DIRECTOR <i>Stames Funeral Home</i>	ADDRESS <i>St. Joseph, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Jan 19 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>
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MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Dr. Thompson E. Potter
 All diseases in Part I must be causally related.

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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 Charles E. Bennett

Licensed Embalmer No. 41677

P. O. Address St. Joseph, 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.