

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013147

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1733

300
1-57

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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Linwood Hospital		Length of stay in lb 3 yrs.	d. STREET ADDRESS (If outside, give location) 3039 Forest		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARCH Middle TURNER Last ANDERSON			4. DATE OF DEATH Month 4 Day 5 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Granby, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Clinton Anderson		13b. MOTHER'S MAIDEN NAME Martha Bradley		14. NAME OF HUSBAND OR WIFE Myrtle 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 Address Alice Heidel : 3039 Forest: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) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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) 331X					INTERVAL BETWEEN ONSET AND DEATH 1 day 8 years
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 _____ Month, Day, Year _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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 3-22-59 to 4-5-59 and last saw her alive on 4-5-59 Death occurred at 510 PM the date stated above; and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE (Degree or title) Frank Paul Laurence			21b. ADDRESS 428 S. White Ave		21c. DATE SIGNED 4-5-59
23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial	23b. DATE 4-7-59	23c. NAME OF CEMETERY OR CREMATORY Granby Cemetery		23d. LOCATION (City, town, or county) Granby, Mo.	(State)
24. FUNERAL DIRECTOR ADDRESS Weilert's: 6900 Troost: K.C. Mo.		25. DATE RECD. BY LOCAL REG. 4-6-59	26. REGISTRAR'S SIGNATURE Neva Marshall		

Frank Paul Laurence, M.D. MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *B. E. Weiland*

Licensed Embalmer No. *4075*

P. O. Address *K. C. S., 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.