

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024969

JUL 17 1959

Registration District No. 149

149

Primary Registration District No. 1002

STATE FILE NUMBER

3191

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 checked="" 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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL			Length of stay in lb. 43 years		d. STREET ADDRESS (If outside, give location) 1229 MICHIGAN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type) First Middle Last RICHARD HARRY ANDERSON				4. DATE OF DEATH Month Day Year June 27, 1959				
5. SEX male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 25, 1915		
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		11. BIRTHPLACE (City and state or country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Anderson			13b. MOTHER'S MAIDEN NAME Nellie Hickman			14. NAME OF HUSBAND OR WIFE Claydeen Anderson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WWII			16. SOCIAL SECURITY NO. 499 09 9938		17. INFORMANT Address VA Hospital Official Records, 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) Bronchopneumonia RM & RLL							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Carcinoma of colon								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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. Attended the deceased from 11-17-58 to June 27, 1959 Death occurred at 9:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE A. Turner M.D.				22b. ADDRESS VA Hospital, Kansas City, Mo.			22c. DATE SIGNED 6-29-59	
23a. BURIAL, CREMATION, REBURY OR REMOVAL Removal		23b. DATE 7-1-1959	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Fort Leavenworth, Kansas			
24. FUNERAL DIRECTOR Meek's Mortuary, K. C. Mo.				25. DATE RECD. BY LOCAL REG. 6-30-59		26. REGISTRAR'S SIGNATURE Neve Marshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Section, Colorado, that must be casually related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

this certificate was en

ent Embalmer No.....

I hereby certify that the body whose name is recorded on the reverse side of this cer

by me, or by Student Emba

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Millard B.*
Licensed Embalmer No.....

Address
Licensed Embal

P. O. Address
OWN HANDWRITING. (

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HA
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.