

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3338 -51-025009

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 3338 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF John H. Wells

**FILED JUL 26 1961**

1. **PLACE OF DEATH**  
 a. COUNTY **Jackson**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City,** Length of stay in 1b **20 yrs.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Albritton Nursing Home** Inside Limits Yes  No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Jackson**  
 c. CITY OR TOWN **Kansas City.** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **3127 Benton** Reside on Farm Yes  No

3. **NAME OF DECEASED** (Type or print) First Middle Last 4. **DATE OF DEATH** Month Day Year  
**Izora Mary Anderson** **July 2, 1961**

5. **SEX** **female** 6. **COLOR OR RACE** **Negro** 7. Married  Never Married  Widowed  Divorced  8. **DATE OF BIRTH** **5-7-1877** 9. **AGE** (last birthday) **84** IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housewife** 10b. **KIND OF BUSINESS OR INDUSTRY** 11. **BIRTHPLACE** (City and state or country) **Fayetteville, Tenn.** 12. **CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. **FATHER'S NAME** **Frank Holbert** 13b. **MOTHER'S MAIDEN NAME** **Mary Zimmerman** 14. **NAME OF HUSBAND OR WIFE** **Thomas 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** **Blanch Monroe, Kansas City, Mo.** Address

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
 PART I. **DEATH WAS CAUSED BY:**  
 IMMEDIATE CAUSE (a) **Overwhelming Bacterial Disease** INTERVAL BETWEEN ONSET AND DEATH **2 wks**  
 DUE TO (b) **Gram negative septicemia** ?  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) **Generalized Arteriosclerosis**  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. **WAS AUTOPSY PERFORMED?** YES  NO  20a. **ACCIDENT SUICIDE HOMICIDE**    20b. **DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) **none**

20c. **TIME OF INJURY** Hour a.m. p.m. Month, Day, Year **none**

20d. **INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  20e. **PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **none** 20f. **CITY, TOWN, OR LOCATION** **Kansas City** COUNTY **Jackson** STATE

21. I attended the deceased from **6/16/61** to **7/12/61** and last saw her/him live on **7/2/61**  
 Death occurred at **10<sup>20</sup>/A.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) **John H Wells MD** 22b. **ADDRESS** **3718 Prospect 61** 22c. **DATE SIGNED** **7/4/61**

23a. **BURIAL, CREMATION, REMOVAL** (Specify) **burial** 23b. **DATE** **7-5-61** 23c. **NAME OF CEMETERY OR CREMATORY** **Lincoln Cemetery** 23d. **LOCATION** (City, town, or county) (State) **Kansas City, Missouri**

24. **FUNERAL DIRECTOR** **Mrs. Meek's Mortuary, K. C. Mo.** ADDRESS 25. **DATE RECD. BY LOCAL REG.** **7-5-61** 26. **REGISTRAR'S SIGNATURE** **Ruth Long**

**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 Eddie Middleton

Licensed Embalmer No. 5046

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.