

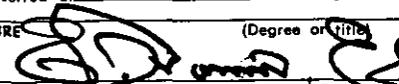
# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-044461

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6520 STATE FILE NUMBER

AMENDED

FILED JAN 15 1962	
1. PLACE OF DEATH	
a. COUNTY <b>Jackson</b>	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>	a. STATE <b>Missouri</b>
Length of stay in 1b <b>2 yrs.</b>	b. COUNTY <b>JACKSON Saint Clair</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>	c. CITY OR TOWN <b>KANSAS CITY</b> <del>Appleton City</del>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>Route #1 5204 E 28 TER</b>
3. NAME OF DECEASED (Type or print)	
First <b>MARY</b>	Middle <b>MABELBELL</b>
Last <b>ANDERSON</b>	4. DATE OF DEATH
Month <b>12</b>	
Day <b>29</b>	
Year <b>61</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-30-87</b>
9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR
	Months
	Days
	Hours
	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>
11. BIRTHPLACE (City and state or country) <b>Wellington, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Chesterfield Shipley</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda Kreutz</b>
14. NAME OF HUSBAND OR WIFE <b>William Walter Anderson</b>	Address <b>Route #1</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT <b>Mr. William Walter Anderson</b>	Address <b>Appleton</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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
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 <b>12-25-61</b> to <b>12-29-61</b> and last saw her <sup>her</sup> alive on <b>12-29-61</b>	
Death occurred at <b>12:00 Noon</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE 	(Degree or title)
22b. ADDRESS <b>2400 Cherry - K.C., Mo.</b>	22c. DATE SIGNED <b>12-29-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-2-62</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Memorial Gdn.</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES(S) K.C., MO.</b>	ADDRESS
25. DATE RECD. BY LOCAL REG. <b>12-30-61</b>	26. REGISTRAR'S SIGNATURE 

DATE AMENDED

1-4-62

INSTEAD OF

2b, c, d Jackson, Kansas City 5204 E. 28th. Terr. (Saint Clair, Appleton City, Route #1

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Funeral Home

Frank Ellis

ITEM NO. SHOULD READ

2b, c, d Jackson, Kansas City 5204 E. 28th. Terr. (Saint Clair, Appleton City, Route #1

**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 Forrest D. Coldenow

Licensed Embalmer No. 4714

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.