MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015901 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2055

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED APR 22 1963

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: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kansas City Conv. Hom — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 2113 E 41 St (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle A. Last ANDERSON

4. DATE OF DEATH: Month 4 Day 2 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10-15-1876

9. AGE (last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Johnson County Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Archibald Anderson

13b. MOTHER'S MAIDEN NAME: Martha Ratliff

14. NAME OF HUSBAND OR WIFE: Lilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes Spanish Am.

16. SOCIAL SECURITY NO.: 487-16-6444

17. INFORMANT: Bettie Jean Weast Address: 2113 E 41 St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	4 years
DUE TO (c)	Arteriosclerosis	10 years

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. ☐ 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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-5-62 to 4-2-63 and last saw her him alive on 4-2-63

Death occurred at 12 25 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Paul Laurenzano M.D.

22b. ADDRESS: 428 So. Whitewave

22c. DATE SIGNED: 4-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-5-1963

23c. NAME OF CEMETERY OR CREMATORY: Platte City Cem.

23d. LOCATION (City, town, or county) (State): Platte City, Mo.

24. FUNERAL DIRECTOR: Lasanters Bros ADDRESS: KC Mo

25. DATE RECD. BY LOCAL REG.: 4-4-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3 1 6 2 8		
3			
4	0		
5	2		
6			
7	0		
8	2		
	9420.1		
10			
11			
12	86-10		
13			

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Lawrence 4-2-63 - 12:25 PM

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 H. C. Lawrence

Licensed Embalmer No. 4554

P. O. Address KC 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.