No. 300
10.48

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7744

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 37

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Kansas City
c. LENGTH OF STAY (in this place): 23
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1233 East 23rd St. N.K.C.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay 24
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Kansas City 3 1
d. STREET ADDRESS (If rural, give location): 1233 East 23rd St. North K.C.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): A.
c. (Last): Endicott

4. DATE OF DEATH (Month) (Day) (Year): March 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: June 3 1867
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months x, Days x — IF UNDER 24 HRS.: Hours x, Min. x

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tiling Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Ridgley Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Endicott
13b. MOTHER'S MAIDEN NAME: Caroline Blankenship
14. NAME OF HUSBAND OR WIFE: Amanda Endicott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ona Skelton 1233 E. 23 North K.C.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Artero Sclerosis — 10 yrs.
DUE TO (c) ~~Arte~~ Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943, 19__, *to* March 12 1949 *that I last saw the deceased alive on* Mch 12 1949 *and that death occurred at* 5P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. B. Casebolt MD
23b. ADDRESS: 4000 Baltimore K.C. Mo
23c. DATE SIGNED: 3/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 13 49
24c. NAME OF CEMETERY OR CREMATORY: Antioch Cemetery
24d. LOCATION (City, town, or county) (State): Gower Missouri

DATE REC'D BY LOCAL REG.: Mar 13 - 49
REGISTRAR'S SIGNATURE: Beulah Kitchen 63
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Morton-Smith's F.H. North Kansas C.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-15-79

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 _____
Student Embalmer

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Lancaster Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.