

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16299**

FILED MAY 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2062</u>				
1. PLACE OF DEATH a. COUNTY JACKSON <u>3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON <u>3918</u>						
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY <u>0</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION IN STREET -7335 CAMPBELL				d. STREET ADDRESS (If rural, give location) 7335 CAMPBELL <u>41</u>						
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) DARWIN c. (Last) ANDRUS			4. DATE OF DEATH (Month) (Day) (Year) 5 - 5 - 52							
5. SEX M <u>0</u>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE <u>0</u>		8. DATE OF BIRTH August 8, 1946		9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months	IF UNDER 1 MO. Days	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri <u>U</u>		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME DR. BAILEY C. ANDRUS			13b. MOTHER'S MAIDEN NAME VIOLET PRIESS			14. NAME OF HUSBAND OR WIFE -				
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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Bailey C. Andrus, 7335 Campbell, KC Mo.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock + Hemorrhage resulting from crushing injuries of head + multiple rib fractures										
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.										
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 123				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 - 5 - 52 3:50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Run over by school bus						
22. I hereby certify that I attended the deceased from <u>2</u> , 19 <u>52</u> , to <u>5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5</u> , 19 <u>52</u> , and that death occurred at <u>3:50</u> m., from the causes and on the date stated above.										
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer, M.D., Public Health Officer				23b. ADDRESS 4050 Swallow St Over			23c. DATE SIGNED 5-6-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/7/52		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 5-6-52		REGISTRAR'S SIGNATURE Sheraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS					

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

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 J. A. Wallon

Licensed Embalmer No. 2744

P. O. Address 14 C rd

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