.300
.48

FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17415

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morris Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty 6000
d. STREET ADDRESS (If rural, give location): Morris Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Lester
c. (Last): Bandy

4. DATE OF DEATH (Month) (Day) (Year): May 19-53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Apr. 4-1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cobbler
10b. KIND OF BUSINESS OR INDUSTRY: Shoe repair
11. BIRTHPLACE (City and State or Foreign Country): Liberty, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: George Bandy
13b. MOTHER'S MAIDEN NAME: Mary Jane Gilwater
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ~~No~~
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Grover Bandy Liberty, Mo.

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): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 0 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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: 4341
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)
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 _____ 1949, to _____, 19__, that I last saw the deceased alive on May 19, 1953, and that death occurred at 10:25 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm H Goodson MD
23b. ADDRESS: Liberty Mo
23c. DATE SIGNED: 5/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May, 21-53
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Liberty, Mo.

DATE REC'D BY LOCAL REG.: May. 22, 1953
REGISTRAR'S SIGNATURE: Nabel Graham 491
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Church-Arcew Co. Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John Lombardy

Licensed Embalmer No. 4448

P. O. Address Liberty

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

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