Health, Welfare Public Service

300
1-56

FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37852
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH HOSPITAL — Length of stay in this place 40 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 300 W. ARMOUR (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First VERNON Middle M. Last ANDREWS

4. DATE OF DEATH: Month 11 Day 14 Year 56

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 7-10-86

9. AGE (In years last birthday) 70 — 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) RETIRED

10b. KIND OF BUSINESS OR INDUSTRY POSTAL TRANS. CLK.

11. BIRTHPLACE (City and state or country) KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES ANDREWS

14. MOTHER'S MAIDEN NAME JUNE HARDIE

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

16. SOCIAL SECURITY NO. none

17. INFORMANT ROSEMARY LATEU Address MILLBRAE CALIF.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cororary occlusion — 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

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 10-1-56 to 11-14-56 and last saw her/him alive on 11-14-56
Death occurred at 4:47 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David Waxman (Degree or title) M.D.

22b. ADDRESS 4802 Project

22c. DATE SIGNED 11-15-56

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

23b. DATE 11/17/56

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) HIAWATHA (State) KANS.

24. FUNERAL DIRECTOR Shell Funeral Home ADDRESS K C Mo.

25. DATE RECD. BY LOCAL REG. 11-17-56

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

David Waxman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard C. Carroll.....

Licensed Embalmer No. 48

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.