

FILED DEC 11 1957

STANDARD CERTIFICATE OF DEATH

40179

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5510

S. 300
r. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Gen'l Hosp. #1		d. STREET ADDRESS (If outside, give location) 722 1/2 Troost	
Length of stay in lb 6 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Elizabeth Last Andrus			4. DATE OF DEATH Month 11 Day 20 Year 1957			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 13 1922	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrwe J. Brakebill	13b. MOTHER'S MAIDEN NAME Anna Spene	14. NAME OF HUSBAND OR WIFE Louis Andrus
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, major or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 327-18-3670	17. INFORMANT Address Louis Andrus (husband) 722 1/2 Troost K.C. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of cervix		INTERVAL BETWEEN ONSET AND DEATH 171x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____		
DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Oct. 20, 1957 to Nov. 20, 1957 and last saw her ^{her} _{him} alive on Nov. 20, 1957 Death occurred at 8:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Louis Andrus, M.D.</i> (Degree or title)	22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 11-21-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 22 1957	23c. NAME OF CEMETERY OR CREMATORY Mt Washington Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home Inc.	ADDRESS 11-22-57 Neva Minshall	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. I. BURTS



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 *John V. Seirick Jr.*

Licensed Embalmer No. *4848*

P. O. Address *J. P. Sw...*

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.