Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000618

STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Clay	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) North Kansas City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Parkville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) No. K.C. Mem. Hosp. — Length of stay in 1b 25 days	d. STREET ADDRESS (If outside, give location) Route # 4, Box 412 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: MR.	Middle: CECIL	Last: ANDREWS	4. DATE OF DEATH Month: January Day: 3, Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: 12-10-1890	9. AGE (In years if birthday): 68 — 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): Hoisting Engineer	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (City and state or country): Denver, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Edward Andrews	13b. MOTHER'S MAIDEN NAME: Mary Alice Oldham	14. NAME OF HUSBAND OR WIFE: Maureen Andrews		
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.: 487-01-0364	17. INFORMANT: Maureen Andrews Address: Route # 4, Box 412,		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory Failure, Acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of lung, left

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x

19. WAS AUTOPSY PERFORMED? YES [XX] 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 _____, to _____ and last saw her/him alive on _____

Death occurred at 12 45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert E Upshaw MD	22b. ADDRESS: Kansas City 6 Mo	22c. DATE SIGNED: 1/3/59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY: East Slope Cemetery	23d. LOCATION (City, town, or county) (State): Parkville, Missouri
24. FUNERAL DIRECTOR ADDRESS: Stine & McClure Und. Co., K.C., Missouri	25. DATE RECD. BY LOCAL REG.: 1-4-59	26. REGISTRAR'S SIGNATURE: Marguerite Hudgens	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 19 1962

JAN 19 1958

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 Roger Dumas

Licensed Embalmer No. 5010

P. O. Address K.C., Mo.

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.