

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018069

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 240

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Health,
Welfare
Public
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

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) OR TOWN INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
c. FULL NAME OF (If NOT in hospital, give location) 4 INSTITUTION <u>Roberting Rest Home</u>		d. STREET ADDRESS (If outside, give location) 703 WEST SOUTH AVE	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANDREW JEFFERSON SANDERS</u>		4. DATE OF DEATH Month Day Year <u>MAY 23, 1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 21, 1970</u>
9. AGE (In years) <u>88</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PAINTER</u>		11. BIRTHPLACE (City and state or country) <u>FARMINGTON, KENTUCKY</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BENNETT SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH TURNOW</u>	
14. NAME OF HUSBAND OR WIFE <u>U.S.A.</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>EUNICE SANDERS</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Heart Failure</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>5 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4260</u>		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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>10:28-58</u> to <u>5/23/59</u> and last saw her/him alive on <u>5/7/59</u> Death occurred at <u>5:30p.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Dred J. Jammar</u> 1	
22b. ADDRESS <u>300 So Liberty - May Mo</u>		22c. DATE SIGNED <u>5/25/59</u>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May-26-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Thorah Hills</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>	
24. FUNERAL DIRECTOR <u>ROLAND R. SPEAKS</u>		25. DATE RECD. BY LOCAL REG. <u>5-26-59</u>	
26. REGISTRAR'S SIGNATURE <u>JAMES S. GALE</u>			

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 *Deane J. Miller*

Licensed Embalmer No. *4783*

P. O. Address *Indy 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.