

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024494

FILED VS AUG 12 1959

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 137

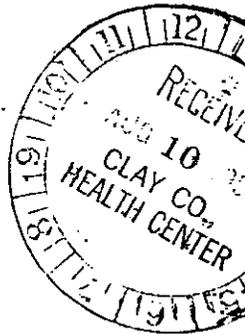
STATE FILE NUMBER

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|--|--|---|--|---|--|--|---|--|----------------------------|--|--|----------------|--|
| 1. PLACE OF DEATH a. COUNTY Clay | | | | 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 North Kansas City | | Length of stay in 1b 5 days | | c. CITY OR TOWN Independence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.K.C. Memorial Hosp. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1340 Emery | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First EDITH Middle MAE Last BANDY | | | | 4. DATE OF DEATH Month August Day 4 Year 1959 | | | | | | | | | |
| 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 3-15-1903 | | 9. AGE (last birthday) 56 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (City and state or country) Mayview, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |
| 13a. FATHER'S NAME James F. Williams | | | | 13b. MOTHER'S MAIDEN NAME Collie Byerly | | | | 14. NAME OF HUSBAND OR WIFE Harry M. Bandy | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | | 16. SOCIAL SECURITY NO. 496-10-1684 | | 17. INFORMANT Address Harry M. Bandy, 1340 Emery, Indep., Mo. | | | | | | | |
| 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 Myocardial Infarction, Coronary Arteriosclerosis | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal (Cause condition given in PART I (a)) Thrombosis of Aorta | | | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 8 | | | | | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <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 | | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:45 A.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE Albert E. Upsher (Seal) (ID) | | | | | | 22b. ADDRESS MS Kansas City - Mo | | | 22c. DATE 8/5/59 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Aug. 6, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Memory Gardens | | | | 23d. LOCATION (City, town, or county) Independence, Missouri | | | | | |
| 24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Independence, Mo. | | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. 8-5-59 | | 26. REGISTRAR'S SIGNATURE Marguerite Hudgens | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

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.