

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040912

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED DEC 11 1961 Primary Registration District No. 1002 Registrar's No. 5740 STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS City</b>		Length of stay in 1b <b>35 years</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>137 NO. LAWN</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>137 NO. LAWN</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>CLarence T. Andrew.</b>				4. DATE OF DEATH Month Day Year <b>NOV. 17. 1961</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>CAUC.</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>MARCH 26, 1878</b>	
9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RAILROAD ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAIL</b>	
11. BIRTHPLACE (City and state or country) <b>TAYLOR CO. IOWA.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>THOMAS Andrew</b>		13b. MOTHER'S MAIDEN NAME <b>ELLEN ANSON</b>	
14. NAME OF HUSBAND OR WIFE <b>OLLIE Andrew</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>OLLIE Andrew 137 NO. LAWN</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Anoxia</b>						<b>1 hour</b>	
DUE TO (c) <b>Cerebral Thrombosis</b>						<b>1-2 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Abdominal Pain + Chronic Indigestion</b>						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 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 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 <b>Jan 1961</b> to <b>present</b> and last saw him alive on <b>11-5-61</b> Death occurred at <b>7 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>George K. Boyd MD</b>				22b. ADDRESS <b>5111 Independence Ave</b>		22c. DATE SIGNED <b>11-17-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov 20, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. Moriah Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
24. FUNERAL DIRECTOR <b>Muehlebach</b>		ADDRESS <b>6800 TROOST</b>		25. DATE RECD. BY LOCAL REG. <b>11-17-61</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

Dr. George Hoagland Bel

9-1-6343

5111 Ind. Ave.

1:30 - To

**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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address A. P. 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.