

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12266
Registrar's No. 1446

BIRTH NO. 149		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1446			
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, write RURAL and give township) OR TOWN Kansas City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 1016 Forest					
3. NAME OF DECEASED (Type or Print)		a. (First) Frank		b. (Middle) Claude		c. (Last) Andrews			
5. SEX Male		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-12-1880			
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist				10b. KIND OF BUSINESS OR INDUSTRY xx		11. BIRTHPLACE (State or foreign country) Warsaw, Illinois			
13a. FATHER'S NAME F. Claude Andrews				13b. MOTHER'S MAIDEN NAME Mary Jane Crawford		14. NAME OF HUSBAND OR WIFE Gladys A. Andrews			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 486-10-2725		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gladys A. Andrews, K.C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 28, 1949, to March 29, 1949, that I last saw the deceased alive on March 29, 1949, and that death occurred at 11:50A m., from the causes and on the date stated above.									
23a. SIGNATURE Wm. W. Hart M.D. (Degree or title)				23b. ADDRESS Med. Dir. Gen'l Hosp.		23c. DATE SIGNED 3-30-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-31-49		24c. NAME OF CEMETERY OR CREMATORY Green Plains Cemetery		24d. LOCATION (City, town, or county) (State) R.F.D. Warsaw Illinois			
DATE REC'D BY LOCAL REG. 3-31-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. M. Wagner, K. C. Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

th. L. 1910

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 _____

Basil V Honey

Student Embalmer No. *301*

working under my personal supervision.

Signed

Basil V Honey
Student Embalmer

Signed

Alvin R. Harnsfield

Licensed Embalmer No.

4159

P. O. Address

Kansas City 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 this body is not embalmed, fact should be so stated above.