

No. 300
10-48

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29651

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 2014 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 521 Harrison St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 521 Harrison St.			

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Clark c. (Last) Bandy			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25-49		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 23-1893		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 5 Days 2		IF UNDER 2 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY "		11. BIRTHPLACE (State or foreign country) Liberty Missouri				12. CITIZEN OF WHAT COUNTRY? US.			
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13a. FATHER'S NAME Eugene Allen Clerk			13b. MOTHER'S MAIDEN NAME Lucinde Jane Clerk			14. NAME OF HUSBAND OR WIFE John Bandy					
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Bandy Liberty Mo.							
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma uterine metastatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized 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 2 yrs. 175X	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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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)							
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from **Sept 16 1949**, to **Sept 24 1949**, that I last saw the deceased alive on **Sept 24 1949**, and that death occurred at **8 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Type or title) James H. Killough, M.D.				23b. ADDRESS Liberty Mo				23c. DATE SIGNED Sept 26-49			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 27-49		24c. NAME OF CEMETERY OR CREMATORY Deirview				24d. LOCATION (City, town, or county) (State) Liberty Mo.			
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DATE REC'D BY LOCAL REG. SEPT 27-1949		REGISTRAR'S SIGNATURE Minnie Hayes				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Church Archer Co Liberty Mo.			
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 3

District Health Officer No. 8,

District File Number.....

Date Filed 10-3-49

OCT 17 1949

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
Student Embalmer

Signed

Harold H. Smith

Licensed Embalmer No. 4575

P. O. Address. Liberty, Md.

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.