

FILED FEB 10 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1325

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 277

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 277	
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. LENGTH OF STAY (In this place) 47 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 16 West 69th. St. Terr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.							
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) R. c. (Last) STANDISH			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7, 1868	9. AGE (In years, months, days) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commission Man		10b. KIND OF BUSINESS OR INDUSTRY Livestock		11. BIRTHPLACE (State or foreign country) Dubuque, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Millan Myles Standish		13b. MOTHER'S MAIDEN NAME Rebecca Friend		14. NAME OF HUSBAND OR WIFE Agnes W. Standish			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes W. Standish, 16 W. 69th. St. Terr			
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) Cerebral accident (Thrombosis) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Jeil & Cerebral Arteriosclerosis DUE TO (c) Uremia, Hypostatic Congestion, Respiratory Failure				INTERVAL BETWEEN ONSET AND DEATH 1 month Several yrs. 332X Terminal	
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)		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 _____, 1941, to 1-18, 1951, that I last saw the deceased alive on 1-18, 1951, and that death occurred at 7:18 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Harold M. Roberts (Degree or title) M.D.				23b. ADDRESS 1103 Grand K.C., Mo		23c. DATE SIGNED 1-19-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-20-51		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) K.C., Mo.	
DATE REC'D BY LOCAL REG. 1-19-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Hellody-McGilley-Eylar, 1800 Linwood, K.C., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. M. Roberts, M.D.
Professional Bldg.- Ha. 1331
1 - 5 PM Fri.

Jackson

Franklin

St. Louis

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

working under my personal supervision.

Student Embalmer No.

Signed *Oliver E. Heck*

Signed.....
Student Embalmer

Licensed Embalmer No. *4063*

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. I - - - I

St. Louis