

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16933

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 168

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 town or township) INDEPENDENCE, MO.		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE, 0485	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 808 NO. NOLAND 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM.			

3. NAME OF DECEASED (Type or Print)	a. (First) OLIVER	b. (Middle) HOWARD	c. (Last) McCANDLESS	4. DATE OF DEATH (Month) (Day) (Year) MAY, 2 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 24, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 8	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor M. D.	10b. KIND OF BUSINESS OR INDUSTRY RADIOLOGIST	11. BIRTHPLACE (State or foreign country) MARYVILLE MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ROBERT McCANDLESS	13b. MOTHER'S MAIDEN NAME PHAROBY GREGG	14. NAME OF HUSBAND OR WIFE ETHEL McCANDLESS
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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)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ETHEL McCANDLESS INDEP. 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Esophageal Varix</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of Liver</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <u>Primary Carcinoma of Stomach</u>		<u>1 year</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Stomach 151x</u>	20. AUTOPSY? YES <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pathologist</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes set out on the date stated above.

23a. SIGNATURE <u>A. E. Upsher</u> (Degree or title) <u>MO</u>	23b. ADDRESS <u>Independence, MO</u>	23c. DATE SIGNED <u>5/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE <u>MAY 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 3-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ROLAND R. SPEAKS FUNERAL HOME</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 17 1960

VS  
SEP 16 1960

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.....  
Student Embalmer

Signed *Roland J. Speaks*

Licensed Embalmer No. *3604*

P. O. Address *Indep 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.