

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 27166  
3450

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2834 Monroe Avenue</u> <u>3368</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2834 Monroe Avenue</u> <u>3368</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Zeffa</u>		b. (Middle) <u>Gertrude</u>		c. (Last) <u>SANDS</u>	
4. DATE OF DEATH		(Month) <u>August</u>		(Day) <u>9</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-21-02</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power Machine Opr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lee's Dresses</u>		11. BIRTHPLACE (State or foreign country) <u>Stockton, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Sayre</u>		14. NAME OF HUSBAND OR WIFE <u>Cecil E. Sands</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-05-0988</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. C. E. Sands, 2834 Monroe Ave., K. C., Mo.</u>			
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) <u>Coronary embolism + thrombosis - fat.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Navigation lumberjack and enteric tubercle - lumbar aorta</u> 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 <u>2 days</u> <u>2 weeks</u> <u>735A</u>	
19a. DATE OF OPERATION <u>Aug 7, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Navigation lumberjack enteric tubercle</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Aug. 1</u> <u>1951</u> , to <u>Aug 9</u> , <u>1951</u> , that I last saw the deceased alive on <u>Aug 8</u> , <u>1951</u> , and that death occurred at <u>9:40 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank R. Teachenor, M.D.</u>				23b. ADDRESS <u>411 Nichols Road</u>		23c. DATE SIGNED <u>8-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Raymore, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-11-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Evans</u> ADDRESS <u>Funeral Home, KC, Mo.</u>			

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

Dr. Teachenor  
411 Nichols Rd.

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 \_\_\_\_\_

*Adrian J. Stitt*

Student Embalmer No.

*425*

working under my personal supervision.

Student

*Adrian Jay Stitt*

Student Embalmer

Signed

*Clay E. Heck*

Licensed Embalmer No.

*4063*

P. O. Address

*Kansas City*

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.