

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27222

3482

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3482	
1. PLACE OF DEATH a. COUNTY JACKSON 0				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) KANSAS CITY		c. LENGTH OF STAY (In this place) 24 years		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2418 TROOST 3430	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.T.B. HOSPITAL							
3. NAME OF DECEASED a. (First) SHERRILL			b. (Middle) —			c. (Last) TANDY	
4. DATE OF DEATH (Month) (Day) (Year) August 12 1951		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 2 FEBRUARY 1905		9. AGE (In years) (Months) (Days) (Hours) (Min.) 47 6 6		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEF-NITE HAWK CAFE 7 1/2 KANSAS		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) LOUISVILLE, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME GILBERT TANDY		13b. MOTHER'S MAIDEN NAME ELIZABETH WEBB	
14. NAME OF HUSBAND OR WIFE CLARA TANDY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No		16. SOCIAL SECURITY NO. 496-03-205-7		17. INFORMANT'S SIGNATURE OR NAME K.C.T.B. Hosp. K.C. 3, LEADS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				0024	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (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 Aug. 28, 1950, to Aug. 12, 1951, that I last saw the deceased alive on Aug. 12, 1951, and that death occurred at 5:20 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Edward P. Altomare M.D.				23b. ADDRESS 1030 East Pacific, K.C. Mo.		23c. DATE SIGNED 8-12-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUGUST 14, 1951		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 8-14-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Newcomer, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4702

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.