

STANDARD CERTIFICATE OF DEATH

State File No.

1596

Registrar's No. 35

FEB 6 1952

BIRTH NO.		REG. DIST. NO. <u>146</u>	PRIMARY REG. DIST. NO. <u>3026</u>	Registrar's No. <u>35</u>			
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 Independence		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence <u>04850</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 West Kansas			d. STREET ADDRESS (If rural, give location) 812 West Kansas				
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)	b. (Middle) WILLIAM	c. (Last) ANDES	4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 20, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2 Days 2	IF UNDER 48 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Virginia <u>1</u>		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Samuel C. Andes		13b. MOTHER'S MAIDEN NAME Elizabeth Wine		14. NAME OF HUSBAND OR WIFE Myrtle Andes			
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 Myrtle Andes Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic endocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) General atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214			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)		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>Apr 3rd 1948</u> , to <u>Jan 22nd 1952</u> , that I last saw the deceased alive on <u>Jan 21st 1952</u> , and that death occurred at <u>1:07 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Ruth Anderson, D.O.			23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 1/24/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 25 1952	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Missouri			
DATE REC'D BY LOCAL REG. 1-24-52		REGISTRAR'S SIGNATURE James A. [Signature] <u>354-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks Indep., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 REC'D

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 Richard P. Francis

Licensed Embalmer No. 4863

P. O. Address Indep. Missouri

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.