

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4840

State File No. ....

FILED FEB 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 555

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u>	
c. LENGTH OF STAY (In this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>R. 2 Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Research</u>			

3. NAME OF DECEASED a. (First) <u>Robert</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Bandy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3-52</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 28-1909</u>	
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Liberty Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car dealer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	

13a. FATHER'S NAME <u>Floyd R. Bandy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary F. WALKER</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Mclear Bandy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 2<sup>nd</sup> World War</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frances Bandy Liberty, R 2 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral occlusion with Rt. &amp; L. Coronary 4 days</u> ANTECEDENT CAUSES (b) <u>Rt. Ventricular Dist. taken</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (c)</u> 2. OTHER SIGNIFICANT CONDITIONS (c) <u>3 old gross of Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 March, 1942, to Feb 3, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 7:20 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Glenn W. Herndon</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>2/4/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
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DATE REC'D BY LOCAL REG <u>2-5-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Services Co. Liberty Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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



VS OCT 23 1959

1959 OCT 23

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 John Lombard  
.....  
Licensed Embalmer No. 4448

P. O. Address Liberty 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.