

**REC'D** JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20330**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2809**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>33 YRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LAKESIDE HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>3515 Bales 3518</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>STANLEY</b> c. (Last) <b>ANDREWS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 17 52</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-10-'02</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNTANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MANOR BAKERY</b>		11. BIRTHPLACE (State or foreign country) <b>MO. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Henry Andrews</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MARY MARIE ANDREWS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or if down) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>487-03-2637</b>	17. INFORMANT'S SIGNATURE OR NAME <b>From Mary Andrews</b> ADDRESS <b>1830 E. 3rd</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		<b>8 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>NONE</b> DUE TO (c) <b>NONE</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>		<b>331X</b>	

19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **JUNE 9, 1952** to **JUNE 17, 1952**, that I last saw the deceased alive on **JUNE 17, 1952**, and that death occurred at **6:12 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. R. Geagan</b> (Degree or title) <b>D.O. 2</b>	23b. ADDRESS <b>1330 EAST 28th Street</b>	23c. DATE SIGNED <b>6-17-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial #1</b>	24b. DATE <b>6-20-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shenandoah</b>	24d. LOCATION (City, town, or county) (State) <b>K.C. MO</b>
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DATE REC'D BY LOCAL REG. <b>6-20-52</b>	REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Weller Funeral Home Inc.</b> ADDRESS <b>M.C.</b>
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(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Clarence E. Mullett*

Licensed Embalmer No. 4073

P. O. Address \_\_\_\_\_

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.