

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20656**

FILED JUL 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2625</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 Kansas City		c. LENGTH OF STAY (in this place) 59 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3188		
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 3337 Indiana				
3. NAME OF DECEASED (Type or Print)		a. (First) WALTER		b. (Middle) EDWIN		c. (Last) SANDY		
4. DATE OF DEATH		(Month) 6		(Day) 9		(Year) 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 18, 1865		
9. AGE (in years last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Nat'l. Bank Examiner			11. BIRTHPLACE (City and State or Foreign Country) England		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Edwin Sandy		13b. MOTHER'S MAIDEN NAME Mary H. Sott		14. NAME OF HUSBAND OR WIFE Lula May Sandy	
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 Mrs. Lula May Sandy, 3337 Indiana				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Uremia					1 wk	
ANTECEDENT CAUSES		DUE TO (b) Chronic Interstitial Nephritis					1 yr	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					59 1/2	
II. OTHER SIGNIFICANT CONDITIONS		Arterio-Sclerosis					1 yr	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 April 16, 1952 to June 9, 1952 , that I last saw the deceased alive on June 9, 1952 , and that death occurred at 11 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE Clara C. Carbaugh (Degree or title) MD				23b. ADDRESS 2004 Bryant Blvd KC Mo		23c. DATE SIGNED 6-10-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/11/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 6-10-52		REGISTRAR'S SIGNATURE Steldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. C. Curbaugh - Bayonet Bling.
V.C. 8531

9:1 pm. - Tues.

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.