

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34860

State File No. _____

NOV 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4631

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3225 Agnes</u>	

35690

3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u> b. (Middle) _____ c. (Last) <u>ANDREWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 30, 1872</u>	9. AGE (In years last birthday) <u>80</u>	# UNDER 1 YEAR Months _____ Days _____ # UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clerk in Frt. Office, Milwaukee Wis</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Andrews</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Leeper</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John R. Andrews, Pasadena, Calif.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis / Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Arteriosclerosis + Hypertension</u>			years - _____
		DUE TO (c) <u>Sensitivity</u>			331X
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 SEPT. 14, 1952 to OCT. 21, 1952, that I last saw the deceased alive on OCT. 21, 1952, and that death occurred at 9:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>R. S. Long</u> (Degree or title) _____		23b. ADDRESS <u>4800 E. 74th KC.</u>		23c. DATE SIGNED <u>10-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/24/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olathe Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Olathe, Kansas</u>			

DATE REC'D BY LOCAL REG. <u>10-23-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McGLURE, Kansas City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. R. S. Long - Be 5949
4800 E. 24th St.

1:00 - 5:0

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 Eugene J. Herman

Licensed Embalmer No. 4623

P. O. Address Kansas City

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.