

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35014**
4353

FILED OCT 25 1952

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>20 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>803 PACIFIC 3050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>803 PACIFIC</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDY</u>	b. (Middle)	c. (Last) <u>HANKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 30 '52</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1869</u>	9. AGE (in years) (Months) (Days) (Hours) (Mins.) <u>83</u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>DONT KNOW</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DONT KNOW</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DONT KNOW</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DONT KNOW</u>	13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>	14. NAME OF HUSBAND OR WIFE <u>DONT KNOW</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>DONT KNOW</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WELFARE RECORDS</u>	ADDRESS <u>JACKSON COUNTY</u>
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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) <u>Third Degree Burn</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>body</u> <u>Residing in apartment</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>6 9 10 0</u> <u>10</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>suicide homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>803 Pacific K.C. Jackson</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9/29/52 2 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Burns</u> <u>123</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Mrs. A. Jones</u> (Name and title)	22b. ADDRESS <u>1612 E. 12th</u>	22c. DATE SIGNED <u>10/2/52</u>
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22a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	22b. DATE <u>10-6-1952</u>	22c. NAME OF CEMETERY OR CREMATORY <u>WEST LAWN</u>	22d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>
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DATE REC'D BY LOCAL REG. <u>10-6-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	22. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u>	ADDRESS <u>1708 TRACY K.C., MO.</u>
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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

Laurence J. Gray

Licensed Embalmer No.

P. O. Address

770 Gray KC

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.