

FILED SEP 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 27487
4005

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Mission Hills	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 mo. 17 da		e. STREET ADDRESS (If rural, give location) 5509 Mission Drive 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lindeman Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW	b. (Middle) W.	c. (Last) McALESTER, Jr	4. DATE OF DEATH (Month) (Day) (Year) 8-17-54
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-19-1876
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 12 HOURS	IF UNDER 12 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor	10b. KIND OF BUSINESS OR INDUSTRY Ophthalmology	11. BIRTHPLACE (City and State or Foreign Country) Columbia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew W. McAlester, Sr	13b. MOTHER'S MAIDEN NAME Elizabeth McConthy	14. NAME OF HUSBAND OR WIFE Tillie H.B. McAlester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) Yes	(If yes, give year or dates of service) W.W.#1	16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Dr. Andrew W. McAlester, 3rd		ADDRESS K.C. Mo.

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) INANITION	DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE		4 Mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) GENERALIZED ARTERIOSCLEROSIS		3 YRS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			443 X
			5 YRS.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **MAY 9, 1954**, to **AUG. 17, 1954**, that I last saw the deceased alive on **AUG 17, 1954**, and that death occurred at **11:30 AM** from the causes and on the date stated above.

23a. SIGNATURE James W. Fowler (Degree or title) M.D.	23b. ADDRESS 630 PROFESSIONAL BLDG. KANSAS CITY, MO.	23c. DATE SIGNED AUG. 18, 1954
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24a. FUNERAL CREMATION (Specify) Burial	24b. DATE 8-19-54	24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
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DATE REC'D BY LOCAL REG 8-18-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wagner Funeral Home	ADDRESS K.C. Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Falkner

SEP 24 1920

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..... Signature of Student Embalmer

Signed *Alvin R. Haunsche*

Licensed Embalmer No. *H/10*

P. O. Address *K. C.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.