

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30698  
State File No. 4237

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

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) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY, MISSOURI</b>	
c. LENGTH OF STAY (in this place) <b>36 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>819 Benton Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>819 Benton Blvd.</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>BELLE</b>	b. (Middle) <b>A.</b>	c. (Last) <b>McCANDLESS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1954</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>April 28, 1877</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. Min. <b>77 yrs.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Waynesville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles Raylc</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Andrew B. McCandless</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry B. McCandless, 819 Benton</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident/ Hemorrhage 12 hrs</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>2 year</b>  <b>331X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 2-20 1953, to 9-3, 1954, that I last saw the deceased alive on 9-2, 1954, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. Robert Wigro, M.D.</b>		23b. ADDRESS <b>1222 McGee St., K.C., Mo.</b>		23c. DATE SIGNED <b>9-3-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 4, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>9-5-54</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Quirk &amp; Tobin, 20 W. Linwood, K.C. Mo</b>	
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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, ~~\_\_\_\_\_~~

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Forrest D. Goldsnow*

Licensed Embalmer No. *4714*

P. O. Address *A. C. 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.