

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16577**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **197A**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edwards Mills Twp. #150	
c. LENGTH OF STAY (in this place) 9 hrs		d. STREET ADDRESS (If rural, give location) 8718 New Drive Route #1 2 mi E Edwards	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Side Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Emily b. (Middle) _____ c. (Last) Sandburg			4. DATE OF DEATH (Month) (Day) (Year) 5-5-1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-20-87		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Jessie Willis Aldridge		13b. MOTHER'S MAIDEN NAME Sarah Shumate		14. NAME OF HUSBAND OR WIFE Joseph Sandburg	
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 ADDRESS Joseph Sandburg - Edwards Mills, Kan	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hours 10 years 10 years 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Coronary Arteriosclerosis		
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) (Min.)		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 **Feb. 19, 1953**, to **May 5, 1956**, that I last saw the deceased alive on **May 5, 1956**, and that death occurred at **2 1/2 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE OF Glen Bradbury (Degree or title) D.O.		23b. ADDRESS Bonner Springs, Kansas		23c. DATE SIGNED May 5, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 5 1956		24c. NAME OF CEMETERY OR CREMATORY AND LOCATION (City, town, or county) (State) Grinter Chapel Cem Bonner Springs Kansas	
DATE REC'D BY LOCAL REG. 5-5-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Alden Harrington & Sons Bonner Spgs	

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

Ka.

SEP 25 1958

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Max E. Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. *4555*

P. O. Address *K.C. KS*

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.