

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021789

STATE FILE NUMBER: 3005

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3005

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 | | Length of stay in 1b 65 YEARS | d. STREET ADDRESS (If outside, give location) 3611 Wayne Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last FRANCES NAOMA Andrus | | | 4. DATE OF DEATH Month Day Year 6 14 1958 | | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH OCTOBER 21, 1890 | | 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER | | 10b. KIND OF BUSINESS OR INDUSTRY SCHOOL | | 11. BIRTHPLACE (City and state or country) BLOOMINGTON, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|--|--|--|--|--|--|
| 13a. FATHER'S NAME FRED B. ANDRUS | | 13b. MOTHER'S MAIDEN NAME MOLLIE SCOTT | | 14. NAME OF HUSBAND OR WIFE MRS. MARLAN BRUBAKER, SHAWNEE KANSAS | | | |
| 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. 329-24-3012A | | 17. INFORMANT MRS. MARLAN BRUBAKER, SHAWNEE KANSAS Address 16419 W. 65th | | | |

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|---|--|--|----------------------------------|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | H2201 | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Esophageal resection | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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|---|--|--|--|---|--|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |

21. I attended the deceased from **June 9, 1958**, to **June 14, 1958** and last saw her alive on **June 14, 1958**
Death occurred at **7: A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE R. J. Burns, M.D. (Degree or title) | | 22b. ADDRESS 24th & Cherry | | 22c. DATE SIGNED 6-15-58 | |
|--|--|--|--|------------------------------------|--|

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|---|--|-----------------------------------|--|---|--|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | | 23b. DATE JUNE 16, 1958 | | 23c. NAME OF GEMETORY OR CREMATORY D.W. NEWCOMER'S SONS | | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | |
|---|--|-----------------------------------|--|---|--|--|--|

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| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO. | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. 6-16-58 | | 26. REGISTRAR'S SIGNATURE Neve Marshall | |
|---|--|---------|--|--|--|---|--|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

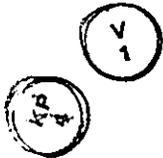
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300

-57

B. I. Burns



11.24.71

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 *Basil J. Honey*

Licensed Embalmer No. *H 724*
P. O. Address *D.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.