

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032857
STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4136

S. 300
1-57

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 3319 INDIANA AVE.		Length of stay in 1b 45 YEARS	d. STREET ADDRESS (If outside, give location) 3319 INDIANA AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ANDREW JOSEPH MAYER			4. DATE OF DEATH Month Day Year AUG-26-1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC-2-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life... or if retired) RETIRED		10b. KIND OF BUSINESS OR OCCUPATION JEWELER	11. BIRTHPLACE (City and state or country) LEE'S SUMMIT MISSOURI
13a. FATHER'S NAME JOSEPH MAYER		13b. MOTHER'S MAIDEN NAME MARGARET VOGET	14. NAME OF HUSBAND OR WIFE NATALIE M. MAYER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, to or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 486-039121	17. INFORMANT Address MRS. NATALIE M. MAYER 3319 INDIANA AVE. KANSAS CITY MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) terminal metastatic carcinoma of colon			INTERVAL BETWEEN ONSET AND DEATH 2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) carcinoma of colon with metastases.			1945
DUE TO (c)			1938
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 7-25-58 to 8-24-58 and last saw ^{her} him alive on 8-23-58 Death occurred at 7:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) V.B. Ballard M.D.		22b. ADDRESS 411 Richards Rd K.C. Mo.	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 29. 1958	23c. NAME OF CEMETERY OR CREMATORY LEE'S SUMMIT CEMETERY	23d. LOCATION (City, town, or county) (State) LEE'S SUMMIT MISSOURI
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 331. BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 8-29-58	26. REGISTRAR'S SIGNATURE neva minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.



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 *Chester K Braun*

Licensed Embalmer No. *493*
P. O. Address *KC 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.