

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008745

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 62

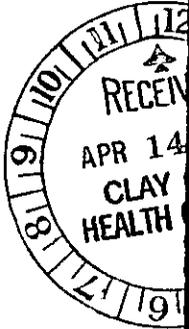
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1. PLACE OF DEATH a. COUNTY <i>Clay</i>		5. SEX <i>F</i>		6. COLOR OR RACE <i>Cauc</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>6-30-1891</i>		9. AGE (In years) Last birthday <i>67</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (City and state or country) <i>Play Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>North Kansas City, Missouri</i>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>North Kansas City Mem. Hosp.</i>		Length of stay in 1b		d. STREET ADDRESS <i>222 Groom St</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		13a. FATHER'S NAME <i>John Dwyer</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Stevenson</i>		14. NAME OF HUSBAND OR WIFE <i>John Bandy</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>John Bandy - Liberty Mo</i>									
3. NAME OF DECEASED (Type or print) First <i>Lizzie</i> Middle <i>B</i> Last <i>Bandy</i>		4. DATE OF DEATH Month <i>4</i> Day <i>6</i> Year <i>59</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Circulatory failure, acute</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Myocardial infarction</i> DUE TO (c) <i>Coronary thrombosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <i>Cardiac cirrhosis, liver</i>																		INTERVAL BETWEEN ONSET AND DEATH		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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.) <i>4201</i>																20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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 <i>Dec 1958</i> to <i>6 April 59</i> and last saw ^{her} him alive on <i>5 April 1959</i> Death occurred at <i>420</i> <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>J. M. Waterman, M.D.</i> (Degree or title)		22b. ADDRESS <i>100 N Main, Liberty, Mo.</i>		22c. DATE SIGNED <i>4-6-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Apr-8-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>New Hope</i>		23d. LOCATION (City, town, or county) (State) <i>Liberty Mo.</i>		24. FUNERAL DIRECTOR <i>Church-Cremer Co.</i>		ADDRESS <i>Liberty Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4-7-59</i>		26. REGISTRAR'S SIGNATURE <i>Alice L. Humphries, Reg</i>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *John Lumberg*

Licensed Embalmer No. *4448*

P. O. Address *Liberty*

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.