

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002067

FILED VS JAN 19 1960

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 3

STATE FILE NUMBER

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 Rural Washington Sup KANSAS CITY 134		Length of stay in 1b 1.9 yrs.	c. CITY OR TOWN KANSAS CITY 34
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 107th & 71 Hiway		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	d. STREET ADDRESS (If outside, give location) 107th & 71 Hiway

3. NAME OF DECEASED (Type or print) First **Marland** Middle Last **ANDREWS**

4. DATE OF DEATH Month **1-5-1960** Day Year

5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-10-1912	9. AGE (last birthday) 47 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker	10b. KIND OF BUSINESS OR INDUSTRY Motel Johnson	11. BIRTHPLACE (City and state or country) Kaufman, Texas	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME **Robert L. Andrews** 13b. MOTHER'S MAIDEN NAME **Annie Hinton** 14. NAME OF HUSBAND OR WIFE

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. **545-16-4985** 17. INFORMANT Address **Merita Smith 3405 Colorado**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) **Calcific Aortic Stenosis** INTERVAL BETWEEN ONSET AND DEATH **10 YRS.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Rheumatic Fever** **20 YRS.**

DUE TO (c) **Congestive Heart Failure** **1 YR.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 _____, to _____, and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **L. S. Heger M.D.** 22b. ADDRESS **5801 Kingslee Drive, H. M. 34, Mo.** 22c. DATE SIGNED **1-7-60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1-9-60** 23c. NAME OF CEMETERY OR CREMATORY **Blue Ridge Lawn** 23d. LOCATION (City, town, or county) (State) **Kans. City, Missouri**

24. FUNERAL DIRECTOR **Watkins Bros. Funeral Home 18th & Benton** ADDRESS **1-7-1960** 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE **Merita E. Dossard**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 8 - 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce P. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Be

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.