URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 17 1960

60-010227
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mi south Belton — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Grandview — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 13110 Eighth St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Harry Middle J. Last Chandler Sr.
4. DATE OF DEATH: Month 3 Day 8 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-22-1885
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Residential Const
11. BIRTHPLACE (City and state or country): Jaudon, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Abraham Chandler
13b. MOTHER'S MAIDEN NAME: Eva E. Mathis
14. NAME OF HUSBAND OR WIFE: - - -Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Harry Chandler Jr, Peculiar, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Influenza.
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. p.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 3-5-60, to 3-8-60 and last saw ~~her~~ him alive on 3-7-60
Death occurred at 5:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John R. McGee MD (Degree or title)
22b. ADDRESS Belton, Mo.
22c. DATE SIGNED 3-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-11-60
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR E. K. George & Sons Inc, Grandview, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG. Mar 11-1960
26. REGISTRAR'S SIGNATURE Mrs. Kay Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Sterling Gadda

Licensed Embalmer No. 4911

P. O. Address Grandvi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.