

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014537

FILED VS MAY 9 1960

393

Primary Registration District No. 1002

Registrar's No. 2281

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, North	Length of stay in 1b 30 Years	c. CITY OR TOWN Kansas City, North	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4018 North Grand		d. STREET ADDRESS (If outside, give location) 4018 North Grand	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Mrs. J. C. Elsa Sandford			4. DATE OF DEATH Month Day Year April 22, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1, 1886	9. AGE (last birthday) 73	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New York City, N.Y.		12. CITIZEN OF WHAT COUNTRY U. S. A.	

13a. FATHER'S NAME George N. Fischer		13b. MOTHER'S MAIDEN NAME Charlotte Renke		14. NAME OF HUSBAND OR WIFE Irving H. Sandford	
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. None	17. INFORMANT Address George I. Sandford 5015 Park K.C. North		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE MASSIVE Gastrointestinal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 HRS.
DUE TO (b) Rupture of Arterial Blood Vessel		
DUE TO (c) Atherosclerotic Blood Vessels		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Grade III Hypertension + senility		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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 1959 to April 22, 1960 and last saw her ^{her} alive on MAR 7, 1960 Death occurred at 12⁰⁰ to 7⁰⁰ AM (APR 22, 1960) on the ^{date stated above} and to the best of my knowledge from the causes stated. DISCOVERED DEAD BY SON AT HOME		
22a. SIGNATURE (Degree or title) R. F. Edwards, M.D.	22b. ADDRESS 2522 E. VIVIAN RD. KANSAS CITY 18, MO	22c. DATE SIGNED 4/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 25, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR D. W. Newcomer's Sons N. K. C., Mo.		25. DATE RECD. BY LOCAL REG. 4-23-60	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Edwards

NOV 1 1967

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed John W. Halsbeck

Licensed Embalmer No. 4940

P. O. Address W. Conso

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.