URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-038577

FILED VS OCT 27 1960

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 5073 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 22 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2440 Forest st. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jacksom
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2440 Forest st. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Myrtle Middle: Belle Last: Tandy
4. DATE OF DEATH Month: 10 Day: 7 Year: 1960
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 2/2/1890
9. AGE (last birthday): 70 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Post Office
11. BIRTHPLACE (City and state or country): Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Andrew Jackson
13b. MOTHER'S MAIDEN NAME: Mary Lowder
14. NAME OF HUSBAND OR WIFE: Fred Washington
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.: none
17. INFORMANT: William R. McNealy Address: 2440 Forest. K.C.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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized metastasis from — 6 mos.
DUE TO (c) Carcinoma of Bladder. — undet.

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. 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 Jan 26, 1960, to Oct 7, 1960 and last saw her alive on Oct. 6, 1960
Death occurred at 8:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C C Reynolds (Degree or title) M.D.
22b. ADDRESS 2612 East 39th. st. K.C.Missouri
22c. DATE SIGNED 10/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/9/1960
23c. NAME OF CEMETERY OR CREMATORY: Newton, Kansas
23d. LOCATION (City, town, or county) (State): Newton, Kansas

24. FUNERAL DIRECTOR: Mrs. J. W. Jones ADDRESS: 440 state ave. Kans.
25. DATE RECD. BY LOCAL REG.: 10-8-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF C. C. Reynolds

DOCUMENT

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 Eugene Engl

Licensed Embalmer No. 410

P. O. Address 440 B

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