

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-038619

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5402 STATE FILE NUMBER

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION BY P. MC CALLA

FILED NOV 1 1962

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 50yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON COUNTY HOSP 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 Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1916 LAWN Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last ANDREW JACKSON Cardwell 4. DATE OF DEATH Month Day Year 10 21 62

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-29-66 9. AGE (last birthday) 95 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter 10b. KIND OF BUSINESS OR INDUSTRY CARPENTRY 11. BIRTHPLACE (City and state or country) GREENE COUNTY, ILLINOIS 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME HUTSON ALLEN CARDWELL 13b. MOTHER'S MAIDEN NAME MORIAN ANN EDWARDS 14. NAME OF HUSBAND OR WIFE ANNA MAE CARDWELL

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 Mr. Jack Williams: 1916 LAWN, MO. H.C.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerosis Generalized INTERVAL BETWEEN ONSET AND DEATH Unknown  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

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 12-7-56 to 10-21-62 and last saw her/him alive on 10-20-62. Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.P. McCalla, M.D. 22b. ADDRESS JACKSON COUNTY HOSPITAL 22c. DATE SIGNED 10-24-62

23a. BURIAL, CREMATION, or REMOVAL (Specify) REMOVAL 23b. DATE 10-24-62 23c. NAME OF CEMETERY OR CREMATORY MOUNT CALVARY CEMETERY 23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS WEILERY FUNERAL HOMES, (S) H.C., MO. 25. DATE RECD. BY LOCAL REG. 10-24-62 26. REGISTRAR'S SIGNATURE Keith Long

