Mr. & Mrs. Francis Lee Gandy
439 Vollmer Ln.
Lonedell, MO 63060

SAINT LOUIS MO 631
PM
2000

MR + MRS CHESTER WARE
505 VINE ST.
CUBA MO 65453-1947

VALID ONLY WITH IMPRESSED SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

DATE ISSUED: FEB. 02, 2000

Geneva G. Sparks
STATE REGISTRAR OF VITAL RECORDS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
State of Maryland / Department of Health and Mental Hygiene
Certificate of Death
Reg. No.

Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0020

Permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

To the Hospital or Attending Physician. The law requires that the death certificate be executed within 24 hours after death. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit permit.

Physician /Medical Examiner

1. Decedent's Name (First, Middle, Last): Charles J. Gandy
2. Date of Death (Month, Day, Year): JANUARY 29 2000
3. Time of Death: 11:24 A.M.
4a. Facility Name (If not institution, give street and number): MALCOLM GROW MEDICAL CENTER
4b. City, Town, or Location of Death: CAMP SPRINGS
4c. County of Death: PRINCE GEORGE'S

Funeral Director — To Be Completed by Funeral Director

5. Social Security Number: 516-34-8452
6. Sex: 1 ☒ M 2 ☐ F
7. Age (In yrs. last birthday): 69 Yrs. — If Under 1 Year: Months / Days — If Under 24 Hrs.: Hours / Min.
8. Date of Birth (Month, Day, Year): January 11,1931
9. Birthplace (State or Foreign Country): Missouri
Usual Residence of Decedent
10a. State: Maryland
10b. County: Prince Georges
10c. City, Town or Location: Forestville
10d. Inside City Limits: 1 ☐ Yes 2 ☒ No
10e. Street and Number: 8508 Bonny Drive
10f. Zip Code: 20747
10g. Citizen of What Country?: U.S.A.
11. Marital Status: 1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced
12. Was Decedent Ever in U.S. Armed Forces? 1 ☒ Yes 2 ☐ No — If Yes, Give Year of Dates: 1948-68
13. Was Decedent of Hispanic Origin? (Specify Yes or No—If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No Specify:
14. Race - American Indian, Black, White, etc. Specify: white
15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):
16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired): Salesman
16b. Kind of Business/Industry: Retail Sales
17. Father's Name (First, Middle, Last): Charles E. Gandy — CECIL
18. Mother's Name (First, Middle, Maiden Surname): Mina Wilson
19a. Informant's Name/Relationship (Type, Print): Stella Gandy / wife
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8508 Bonny Dr. Forestville, MD 20747
20a. Method of Disposition: 1 ☐ Burial 2 ☒ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory or other place): Ft. Lincoln Crematory
Date: February 3,2000
20c. Location - City or Town, State: Brentwood, MD
21. Signature of Funeral Service Licensee: [signature]
22. Name and Address of Facility: Ft. Lincoln Funeral Home 3401 Bladensburg Rd. Brentwood, MD 20722

Physician /Medical Examiner — Medical Certification: To Be Completed by Physician/Medical Examiner

23a. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) a.	MULTI-INFARCT DEMENTIA	1 YEAR
Due to (or as a consequence of): b.	RESPIRATORY ARREST	24 HOURS
Due to (or as a consequence of): c.	HYPERTENSION	1 YEAR
Due to (or as a consequence of): d.		

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
23b. Did tobacco use contribute to the cause of death? 1 ☒ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown
24a. Was an autopsy performed? 1 ☐ Yes 2 ☒ No
24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 ☐ No
25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ No
26. Place of Death (Check only one): Hospital: 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA — Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
27. Manner of Death: 1 ☒ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending investigation 6 ☐ Could not be determined
28a. Date of Injury (Month, Day Year)
28b. Time of Injury: M
28c. Injury at Work? 1 ☐ Yes 2 ☐ No
28d. Describe how injury occurred
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
28f. Location (Street and Number or Rural Route Number, City or Town, State)
29a. Certifier (Check only one): 1 ☒ Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 ☐ Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
29b. Signature and title of certifier: [signature]
29c. License number: A060847
29d. Date signed (Month, Day, Year): JANUARY 29 2000
30. Name and address of person who completed cause of death (Item 23a) (Type, Print): PEERACH P. PHERMSANGNGAM,USAF,CAPT,MC 89 MDG/ 1050 W. PERIMETER RD. ANDREWS AIR FORCE BASE, MD 20762-5000

State Registrar

31. Date filed (Month, Day, Year): FEB 0 2 2000
32. Registrar's Signature: [signature]

DHMH 16 Rev 6/95

ORIGINAL

CHARLES CECIL GANDY — MINA NEOMA GANDY

CITY OF KANSAS CITY
MISSOURI
DEPARTMENT OF HEALTH — L06-3175

Notification of Birth Registration

This is to advise you that there is preserved under File No. 155 in the Department of Health of Kansas City Missouri, a

Record of Birth

Charles Junior Gandy — Sex: Male
Born on Jan-11 1931 at St. Vincent's Hosp
Name of father: Charles E. Gandy
Name of mother: Mina Wilson (MAIDEN NAME)
Birth attended by: Dr. D. S. Hlepsinger

M. M. Croume — ASST. REG.
Calvin L. Cooper M.D. — DIRECTOR OF HEALTH