

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8038

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 305

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD
c. LENGTH OF STAY (in this place) 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY TEXAS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SUMMERSVILLE 1070
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED
a. (First) WAVE b. (Middle) LEON c. (Last) ANDRUS

4. DATE OF DEATH (Month) (Day) (Year)
APRIL 4, 1951

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MAILED (Specify)

8. DATE OF BIRTH 12/7/14

9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY None * *

11. BIRTHPLACE (State or foreign country) SHANNON COUNTY, MO. U

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LEE BRANSON

13b. MOTHER'S MAIDEN NAME MARTHA PLOWMAN

14. NAME OF HUSBAND OR WIFE ROBERT ANDRUS

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'S SIGNATURE OR NAME ADDRESS ROBERT ANDRUS, Summersville, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Asthma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 241X

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1948, to April 4, 1951, that I last saw the deceased alive on April 4, 1951, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.

23b. ADDRESS Springfield, Mo.

23c. DATE SIGNED 4-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4/4/51

24c. NAME OF CEMETERY OR CREMATORY Oak Lawn

24d. LOCATION (City, town, or county) (State) SUMMERSVILLE, MO.

DATE REC'D BY LOCAL REG. 4-5-51

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN H. LOHMEYER, Springfield, Missouri 506 E. WALNUT ST

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 12 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 me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Levin T. Bradley*

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

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 this body is not embalmed, fact should be so stated above.