

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11793

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5160 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Calwood Twp OR TOWN Rural Calwood Twp c. LENGTH OF STAY (in this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 3 Mi S. Calwood		d. STREET ADDRESS (If rural, give location) R.F.D.# 1	
3. NAME OF DECEASED (Type or Print) a. (First) Robert	b. (Middle)	c. (Last) Andris	4. DATE OF DEATH (Month) (Day) (Year) May 3 1951
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH June 5, 1878
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Andris	
13b. MOTHER'S MAIDEN NAME Mary Bouley		14. NAME OF HUSBAND OR WIFE Nora May Andris	
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 Mrs. Robert Andris Fulton, MO R.R.1
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on April 6, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Fulton, Mo	23c. DATE SIGNED 5-3-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State) Fulton Mo.
DATE REC'D BY LOCAL REG. May 3-1951	REGISTRAR'S SIGNATURE Marjeth Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home, Fulton, Mo ADDRESS	

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

5140  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 7 1951

RECEIVED

JAN 10 1956

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Russell C. Maag*

Licensed Embalmer No.

*4804*

P. O. Address

*Fulton, Mo.*

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.