

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28016**
7790

FILED SEP 13 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY Crawford	
c. LENGTH OF STAY (In this place) 2-mons		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leasburg 1280	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) R#1 Rural	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Fred	c. (Last) Andereck	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28, 1905	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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) Little Rock, Ark	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harry Andereck	13b. MOTHER'S MAIDEN NAME Mabel Nora Yowell	14. NAME OF HUSBAND OR WIFE Bernice M. Andereck
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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 Bernice M. Andereck	ADDRESS Leasburg, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bran tumor, malignant		
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.			

19a. DATE OF OPERATION 7 Aug 51	19b. MAJOR FINDINGS OF OPERATION Bran tumor Rt Parietal.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 192X
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22. I hereby certify that I attended the deceased from **3-15, 1951**, to **31 Aug, 1951**, that I last saw the deceased alive on **30 Aug 1951**, and that death occurred at **9:55 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Robert A. Woodson M.D.	(Degree or title)	23b. ADDRESS 16 Hampton Valley Pl.	23c. DATE SIGNED 1 Sept 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-1-1951	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
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DATE REC'D BY LOCAL REG. SEP 4 1951	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Baumman Bros	ADDRESS 2501 Woodson Rd Overland - 14 - Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wb. Woodson M.D. - City of Leasburg

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 3454

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.