

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14678

FILED MAY 7 1953

State File No. _____
REGISTRAR'S No. 211

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200L		Registrar's No. 211			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (in this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 0495		d. STREET ADDRESS (If rural, give location) 1312 Pennsylvania			
3. NAME OF DECEASED (Type or Print) a. (First) TERRY b. (Middle) LEE c. (Last) ANDREWS				4. DATE OF DEATH (Month) (Day) (Year) APRIL 27 1953					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 3, 1948			
9. AGE (In years last birthday) 4		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child - not employed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Neosho, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clyde Andrews		13b. MOTHER'S MAIDEN NAME Grace Hallock		14. NAME OF HUSBAND OR WIFE			
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 Clyde Andrews, 1312 Penn.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute virus pneumonia fatal 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 492X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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)		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 (did not attend), 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 P. m., from the causes and on the date stated above.									
23a. SIGNATURE W. W. Johnson, Reg. Coroner Jasper County, Mo.				23b. ADDRESS Joplin State Bank Bldg.		23c. DATE SIGNED 4/29/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-30-53		24c. NAME OF CEMETERY OR CREMATORY Forest Park		24d. LOCATION (City, town, or county) (State) Joplin, Mo.			
DATE REC'D BY LOCAL REG. 5-2-53		REGISTRAR'S SIGNATURE R. D. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.					

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

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RECEIVED 5.6.53
Jasper County Health Office

County File Number 53-5-382

Date Filed 5.6.53

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.