

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **571**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Linden</b>		b. COUNTY <b>Clay</b>	
c. LENGTH OF STAY (in this place) <b>1 1/2 yrs.</b>		c. CITY OR TOWN <b>Linden</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home - Linden, Gen. Del.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <b>At home - Linden, Gen. Del.</b>		(If rural, give location) <b>0000</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>OLT</b>	b. (Middle) <b>GLEN</b>	c. (Last) <b>ANDREWS</b>	(Month) <b>1</b>	(Day) <b>17</b>	(Year) <b>55</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 19, 1902</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Warehouse Sup.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Skelly Oil Co.</b>	9. AGE (In years last birthday) <b>52</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sidney, Nova Scotia, Canada</b>
13a. FATHER'S NAME <b>Alf Andrews</b>			13b. MOTHER'S MAIDEN NAME <b>Jane McDonald</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
14. NAME OF HUSBAND OR WIFE <b>Elizabeth V. Andrews</b>					

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-22-6040</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth V. Andrews-Linden, Missouri</b>	
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.		19. MAJOR FINDINGS OF OPERATION	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Recent myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b>		
DUE TO (c) <b>" Arteriosclerosis + Thrombosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Julius Will</b>	(Degree or title) <b>0 M. D.</b>	23b. ADDRESS <b>3001 Wyandotte St. H.C. Mo.</b>	23c. DATE SIGNED <b>18 Jan 55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/19/55</b>	24c. NAME OF CEMETERY OR CREMATOR <b>White Chapel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>2512 E. Vivian, K. C. 16, Mo.</b>

DATE REC'D BY LOCAL REG. <b>1-19-55</b>	REGISTRAR'S SIGNATURE <b>Marquette Hudgens</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mellody-McGilley-Eylar</b>	ADDRESS <b>Kansas City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Keeney J. 16  
Cale

Heck. 1974. ...  
...

JAN 24 1955

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 Ivan Miller....., Student Embalmer No. 507 working under my personal supervision..

Student Ivan E. Miller  
Signature of Student Embalmer

Signed J. P. Payne  
Licensed Embalmer No. 299

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.