

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18250**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2009** Registrar's No. **600**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 days		e. STREET ADDRESS (If rural, give location) 1629 W. Floridaa Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Infirmary			

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) AUSKER c. (Last) ANDREWS			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 28 Jan. 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. farming	11. BIRTHPLACE (City and State or Foreign Country) Pike County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Andrews		13b. MOTHER'S MAIDEN NAME Cornelia McFadden		14. NAME OF HUSBAND OR WIFE Sophia Andrews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Paul Andrews, 1471 N. Jefferson Avenue, Springfield, Missouri.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility			
		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 None			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 1, 1955**, to **July 7, 1955**, that I last saw the deceased alive on **July 5, 1955**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Newton Wakeman MD		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 7-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10 July 1955		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
		24d. LOCATION (City, town, or county) (State) Springfield, Missouri.			

DATE REC'D BY LOCAL REG. 7-9-55		REGISTRAR'S SIGNATURE Earl Williamson		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Fred C. Thione Funeral Home	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 12 1958

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.....
Signature of Student Embalmer

Signed *Ralph H. Greene*.....

Licensed Embalmer No.... 3681
Springfield,
P. O. Address... Missouri.....

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.