

THE-DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33063

State File No. ....

FILED NOV 1 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4469

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Grant City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Front St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess</u> b. (Middle) <u>Herbert</u> c. (Last) <u>Andrews</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 19, 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 7, 1893</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Days _____ IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Hiram Andrews</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Hammers</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie M. Andrews</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-07-9893</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie M. Andrews</u> ADDRESS <u>Grant City, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>aortic thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>post operative aortic resection and homograft because of aneurysm</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis</u>			<u>451</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>aneurysm - far advanced arteriosclerosis of abdominal aorta intra-aortic ante-mortem thrombosis</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____
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 Oct. 14, 1955, to Oct. 19, 1955, that I last saw the deceased alive on Oct. 19, 1955, and that death occurred at 12:35P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hector W. Benoit, Jr. M.D.</u>	23b. ADDRESS <u>618 Prof. Bldg.</u>	23c. DATE SIGNED <u>10-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>10-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Isadora, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Isadora, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-19-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u> ADDRESS <u>Grant City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1358  
JAN 18 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 John Andrews, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 42

P. O. Address Grant City

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.