

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26743

State File No.

0460

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5550</u>		Registrar's No. <u>86</u>			
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nocono</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Nocono</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If apt., give location) <u>R. F. D.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Grace</u> c. (Last) <u>Andrew</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-1956</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>8-10-1890</u>			
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR (Month) (Day) <u>11 18</u>		IF UNDER 4 HRS. (Hour) (Min.) _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Edina, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Andrew</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet Weaver</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Andrew</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>E</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>A.W. Andrew, Nocono, Mo.</u> ADDRESS _____					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> 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 _____				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) <u>4222</u>					
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 <u>2-24</u> , 19 <u>56</u> , to <u>7-28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-28</u> , 19 <u>56</u> , and that death occurred at <u>7:15</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A.R. Lewis, M.D.</u>			23b. ADDRESS <u>Berkersfield, Mo.</u>			23c. DATE SIGNED <u>8-10-56</u>			
24a. BURIAL, CREMATION OR REMOVAL (Specify) <u>B</u>		24b. DATE <u>7-31-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fowler</u>		24d. LOCATION (City, town, or county) (State) <u>Nocono Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-15-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertine West</u> ADDRESS <u>Howell Mo</u>					

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

3790

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 *A. D. Robertson*.....

Licensed Embalmer No. *3437*.....

P. O. Address *West Hill*.....

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.