

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30038**

FILED SEP 24 1956

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **415**

0164
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Pulaski		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Mounds		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Missouri Hosp't.			e. STREET ADDRESS (If rural, give location) 207 S. Oak St. 51208		
3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) Smith c. (Last) Andermatt			4. DATE OF DEATH (Month) (Day) (Year) Sept. 9-1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 23-1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (City and State or Foreign Country) Rockfield, Ky.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Andermatt		13b. MOTHER'S MAIDEN NAME Annie Smith		14. NAME OF HUSBAND OR WIFE Lola Andermatt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 355-28-2491	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lola Andermatt Mounds, Ill.		
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) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) High blood pressure <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Prostatic hypertrophy II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 3-4 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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)		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 9-7 , 19 56 , to 9-8 , 19 56 , that I last saw the deceased alive on 9-8 , 19 56 , and that death occurred at 9:30p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Paul B. Newbrow M.D.		23b. ADDRESS 1858 W. Broadway Cape Girardeau, Mo.		23c. DATE SIGNED 9-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-11-1956	24c. NAME OF CEMETERY OR CREMATORY IOOP	24d. LOCATION (City, town, or county) (State) Grand Chain, Ill.	
DATE REC'D BY LOCAL REG. 9-17-56		REGISTRAR'S SIGNATURE C. G. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Ryan Mounds, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

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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 *Just R. Reynolds*
Licensed Embalmer No. *593*
P. O. Address *Monroe, Ill*

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.