

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43652  
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 299

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Lancaster</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #1</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>	
3. NAME OF DECEASED (Type or print) First <u>LEWIS</u> Middle <u>LEROY</u> Last <u>ANDREWS</u>		4. DATE OF DEATH Month <u>12</u> Day <u>19</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3-13-1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>	11. BIRTHPLACE (City and state or country) <u>Lancaster, Missouri</u>
13a. FATHER'S NAME <u>Delmer Andrews</u>		13b. MOTHER'S MAIDEN NAME <u>May Veatch</u>	14. NAME OF HUSBAND OR WIFE <u>unk.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT Address <u>State Hospital No. 1; Fulton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxiation due to foreign body</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>[Fingerprint]</u> DUE TO (c) <u>[Fingerprint]</u>			<u>9227</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Huntingtons Chorea</u>			19. WAS AUTOPSY PERFORMED? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>[Fingerprint]</u>		
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g.; in or about home, farm, factory, street, office bldg., etc.) <u>State Hospital #1</u>	20f. CITY, TOWN, OR LOCATION <u>Fulton</u> COUNTY _____ STATE _____		
21. X <u>State Hospital #1</u> died on <u>12-8-55</u> to <u>12-19-57</u> at <u>State Hospital #1</u> Death occurred at <u>5:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lois Bennett, R.D.</u> (Degree or title)		22b. ADDRESS <u>State Hospital No. 1; Fulton, Mo.</u>	
22c. DATE SIGNED <u>12-19-1957</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 22 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arnis Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Near Lancaster</u> <u>Mo</u>
24. FUNERAL DIRECTOR <u>Wallace General Home, Fulton, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>Dec 20-1957</u>	26. REGISTRAR'S SIGNATURE <u>Marjette Lawrence</u>

JAN 2 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 Hector R. Masone

\_\_\_\_\_  
- Licensed Embalmer No. 4996  
P. O. Address Fulton, Mo.

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.