

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028443

FILED VS SEP 10 1959 #67

Registration District No. Primary Registration District No. 5260 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Christian b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oldfield Twsp. Length of stay in Ib 67 years c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Christian c. CITY OR TOWN Sparta, Route #1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) 4 miles SE of Sparta Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED First Middle Last ARTHUR SAMUEL ANDREWS (Type or print)			4. DATE OF DEATH Month Day Year August 12, 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 19, 1891-67	9. AGE (last birthday) 1891-67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Dairy & Stockman Christian Co., Mo.		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Frank Andrews		13b. MOTHER'S MAIDEN NAME Jane Hall		14. NAME OF HUSBAND OR WIFE Lydia Whitsett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 487 28 8048		17. INFORMANT Address Mrs. Lydia Andrews, Rt. 1, Sparta, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Dilatation DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>July-1-1959</u> to <u>Aug-12-59</u> and last saw him alive on <u>Aug-11-1959</u> Death occurred at <u>1:50</u> P.m. on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Dr. Warren W. Wilson, D.O.</i>				22b. ADDRESS Sparta, Mo.		22c. DATE SIGNED Aug. 31-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/15/1959	23c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery		23d. LOCATION (City, town, or county) (State) Sparta, Missouri		
24. FUNERAL DIRECTOR ADDRESS <i>J. Alan Davis,</i> Clever, Mo.			25. DATE RECD. BY LOCAL REG. Sept. 3/59		26. REGISTRAR'S SIGNATURE <i>Nannie Day.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 10 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.