MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-005045
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 176

FILED VS FEB 27 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 622 Nichols
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle R. Last Andrews
4. DATE OF DEATH Month Feb. Day 17 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-13-1873
9. AGE (last birthday) 87
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) City Utilities Cmr.
10b. KIND OF BUSINESS OR INDUSTRY City Utilities
11. BIRTHPLACE (City and state or country) Sleeper, Mo.
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Henry Andrews
13b. MOTHER'S MAIDEN NAME Missouri C. Miller
14. NAME OF HUSBAND OR WIFE deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 500-05-2447
17. INFORMANT Address Mrs. Homer Tracy, Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 3½ years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Nov. 1957 to 17 Feb 1961 and last saw him/her alive on 10 Feb 1961
Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Francis M. Maple MD (Degree or title)
22b. ADDRESS Springfield, Mo
22c. DATE SIGNED 2/20/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-20-1961
23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
23d. LOCATION (City, town, or county) Springfield, (State) Missouri
24. FUNERAL DIRECTOR ADDRESS Rex Rainey, Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 2-24-61
26. REGISTRAR'S SIGNATURE Effie E. Meeler

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Lee Mason

Signature of Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield 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.