

STANDARD CERTIFICATE OF DEATH

14
15

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

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 45	
1. PLACE OF DEATH <i>Maryville hospital</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>Nadavong</i>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Maryville mo</i>		c. LENGTH OF STAY (in this place) <i>2 days</i>		a. STATE <i>mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Frances hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rock - Part mo.</i>		d. STREET ADDRESS (If rural, give location)		b. COUNTY <i>Atchison</i>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <i>Edward John Henry</i>		b. (Middle) <i>Andresen</i>		c. (Last)		a. (Month) <i>Mar.</i> b. (Day) <i>25</i> c. (Year) <i>1949</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>June 15 - 1896</i>	
9. AGE (In years last birthday) <i>52</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Book keeper</i>		11. BIRTHPLACE (State or foreign country) <i>Paulina Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Louis Andresen</i>		13b. MOTHER'S MAIDEN NAME <i>Minnie Warneke</i>		14. NAME OF HUSBAND OR WIFE <i>Beulah Andresen</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes World War I</i>		16. SOCIAL SECURITY NO. <i>486-03-7575</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Beulah Andresen</i> ADDRESS <i>Rock, Part mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Hemorrhage, acute massive retroperitoneal</i>				<i>12 hrs</i>	
		ANTECEDENT CAUSES					
		MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
		DUE TO (b) <i>aneurysm, dissecting abd aorta</i>				<i>2 days</i>	
		DUE TO (c) <i>arteriosclerosis, aortic hypertensive idiopathic</i>				<i>2 yrs</i>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>022x</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <i>24 Mar 1949</i> , to <i>25 Mar 1949</i> , that I last saw the deceased alive on <i>25 Mar 1949</i> , and that death occurred at <i>2:30 pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Ernest B. Lott</i>				23b. ADDRESS <i>Rock Part, Mo.</i>		23c. DATE SIGNED <i>26 Mar 49</i>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Mar. 28/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Tarkis Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Tarkis mo</i>	
DATE REC'D BY LOCAL REG. <i>3-31-49</i>		REGISTRAR'S SIGNATURE <i>Bess Holt</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>L. B. Bestman</i>		ADDRESS <i>Rock Part Mo.</i>	

APR 19 1946

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 Prof. M.

Student Embalmer No. _____

working under my personal supervision.

Signed J. B. Bertram
Licensed Embalmer No. 4024

Signed.....
Student Embalmer

P. O. Address Rack Port 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 this body is not embalmed, fact should be so stated above.