

FILED AUG 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27849

BIRTH NO. _____		REG. DIST. NO. <u>293</u>		PRIMARY REG. DIST. NO. <u>6003</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		<u>1870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R R # 3</u>				d. STREET ADDRESS (If rural, give location) <u>R R # 3</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Andrew John</u>		b. (Middle) _____		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 1, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>July 9, 1898</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days <u>21</u> Hours _____ Min. _____		10. AGE AT DEATH Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Hefesel</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Rabst</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Hefesel</u> ADDRESS <u>Hannibal Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4 20</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 _____, 19____, to <u>Aug 1, 1950</u> , that I last saw the deceased alive on <u>Aug 1, 1950</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Glenn R. Miller</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>Aug 9, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>unk</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>unk</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>Aug 11, 1950</u>		REGISTRAR'S SIGNATURE <u>M. J. Waters</u> <u>268</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u> ADDRESS <u>Hannibal Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 15 1958
District Health Officer No. _____
District File Number 8-80-130
Date Filed AUG 17 1958

MAY 8 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 _____

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed John S. Ward
Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.