

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15606

State File No.

MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 518

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>203 Park Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>Ellis</u>	c. (Last) <u>Andrews</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>December 10, 1906</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>steel contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>contracting</u>	11. BIRTHPLACE (State or foreign country) <u>Hopkins, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph J. Andrews</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Safley</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Andrews</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	(If yes, give war or dates of service) <u>W.W. #II</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jennie Andrews, 203 Park Ave. Maryville, Mo.</u>	ADDRESS <u>Maryville, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>E 9021</u> <u>6</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mediastinal Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fract. Dorsal Spine</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>spinal cord crush</u>			

19a. DATE OF OPERATION <u>5/9/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fract. Dorsal spine - crush</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hopkins</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hopkins 074 Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 9 52 10a</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from 10 ft Crible</u>
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22. I hereby certify that I attended the deceased from 5/9, 1952, to 5/12, 1952, that I last saw the deceased alive on 5/11, 1952, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jacob Kulowicki MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>5/12/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>5/12/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u>	24d. LOCATION (City, town, or county) (State) <u>Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 16, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u>	ADDRESS <u>Funeral Home</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

St. Joseph Mo.

AUG 29 1952

AUG 29 1952

AUG 14 1952

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

Student Embalmer

Signed W.E. [Signature]

Licensed Embalmer No. 4791

P. O. Address 31950 10 St. Joseph md.

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.