

STANDARD CERTIFICATE OF DEATH

21045

State File No.

Registrar's No.

FILED JUL 1 - 1952		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 4268	
1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY Johnson, c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural; Mayview township			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Mayview Township, Mo.		d. STREET ADDRESS (If rural, give location) Mayview, Mo. R. F. H.			
d. FULL NAME OF HOSPITAL OR INSTITUTION home					
3. NAME OF DECEASED (Type or Print) Elmo Lewis Andruss.		a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH June, 23, 1952.		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3, Dec. 1888	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer		11. BIRTHPLACE (State or foreign country) Centerview, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Harvey Andruss		13b. MOTHER'S MAIDEN NAME Bell Houts.	
14. NAME OF HUSBAND OR WIFE Nina Andruss		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 488-23-1010	
17. INFORMANT'S SIGNATURE OR NAME Nina Andruss.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		Unknown	
DUE TO (c)		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		20. AUTOPSY? YES <input 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) m.		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 March, 1952, to June 22, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 1 p. m., from the causes and on the date stated above.					
23a. SIGNATURE J. E. Bungamer M.D.		23b. ADDRESS Higginville, Mo.		23c. DATE SIGNED 6-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 24, June, 1952		24c. NAME OF CEMETERY OR CREMATORY Centerview	
24d. LOCATION (City, town, or county) (State) Centerview, MO.		24e. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips.		24f. ADDRESS Warrensburg, MO	
DATE REC'D BY LOCAL REG 6-22-1952		REGISTRAR'S SIGNATURE Emma Davis		453	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed

R. Q. Phillips

Signed

Student Embalmer

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.