

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23545

State File No. ....

FILED JUL 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4017 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>South Main.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clyde</u>	b. (Middle) <u>Lemoine</u>	c. (Last) <u>Andermann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 15 - 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>10/20/1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Decorating</u>	11. BIRTHPLACE (State or foreign country) <u>Rock Port. Mo.,</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>
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13a. FATHER'S NAME <u>Fritz Andermann</u>	13b. MOTHER'S MAIDEN NAME <u>Louella Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>Mable Andermann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mable Andermann</u>	ADDRESS <u>Rock Port. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cecum with</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized metastases</u> DUE TO (c) <u>and intestinal obstruction</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. DATE OF OPERATION <u>July 15, 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of cecum.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Rock Port. Mo. (Atchison) (Mo.)</u>
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1922, to July 15, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 12:10 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas B. Schaefer</u>	(Degree or title)	23b. ADDRESS <u>Rock Port, Mo.</u>	23c. DATE SIGNED <u>July 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/17/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linden Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Port. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 27, 1952</u>	REGISTRAR'S SIGNATURE <u>Marvin N. Schaefer</u>	413-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Mortuary, Rock P. rt.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0030  
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0030

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.

Signed

*Graty Bartholomew*

Signed.....

Student Embalmer

Licensed Embalmer No. 3173

P. O. Address Rock 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.