

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

16742

State File No. _____

FILED APR 24 1953

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION 207 Lillian Dr				d. STREET ADDRESS (If rural, give location) 616 So Kingshighway			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Belle		c. (Last) Andres		4. DATE OF DEATH (Month) (Day) (Year) 4 7 1953	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH 5/10/76	
9. AGE (In years last birthday) 76		10. MONTHS 10		11. DAYS 3		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. COUNTRY OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Charles Cleveland		13b. MOTHER'S MAIDEN NAME Rachel Woodruff		14. NAME OF HUSBAND OR WIFE George L. Andres. Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME George Andres ADDRESS 616 So King Sikeston, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Bad, disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) Diabetes Sanguine pt. fat II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years 2 yrs 2 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X				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) 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 8/22 , 19 52 , to 4/6 , 19 53 that I last saw the deceased alive on 4-6 , 19 53 , and that death occurred at 5.10 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Shannon C. M. Clure M.D.				23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED 4/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/9/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county) (State) Sikeston, Mo	
DATE RECD BY LOCAL REG. 4-16-53		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		FUNERAL DIRECTOR'S SIGNATURE Sherry Jones		ADDRESS Sikeston, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED ~~APR 20 1953~~
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 453-92

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

John Allerton

Licensed Embalmer No. 2941

P. O. Address Keeton

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.