

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23372

State File No.

FILED JUL 8 - 1953

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 111

0780

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

1. PLACE OF DEATH a. COUNTY <u>Demiscot</u>		2. USUAL RESIDENCE: (Where deceased lived in institution; residence before or after death; or place of birth) a. STATE <u>Missouri</u> b. COUNTY <u>Demiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u> 0780	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Hayti Mo Route #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Susan</u>		b. (Middle) <u>Harris</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1953</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>Jan 23, 1888</u>		9. AGE (In years) (last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>		IF UNDER 24 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>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson Tenn.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Lorenzo Dow Andrews</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Mangrum</u>			14. NAME OF HUSBAND OR WIFE <u>Della Mae Andrews</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Manuel Andrews Rt #1 Hayti Mo.</u>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.						<u>976X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>078</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Hayti Demiscot Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-13-53 11:15 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot himself</u>	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23. SIGNATURE <u>John Th. German Coroner</u> (Degree or title)		23b. ADDRESS <u>Hayti Mo</u>		23c. DATE SIGNED <u>6-29-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-30-53</u>		REGISTRAR'S SIGNATURE <u>John W German</u> 406		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Th. German</u>		ADDRESS <u>Hayti Mo</u>	
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7-224-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUL 7 1953

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

John St. German

Signed

Student Embalmer

Licensed Embalmer No. 4355

P. O. Address

Hayti 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.