

FILED AUG 11 1953

44037-53

BIRTH NO. _____		REG. DIST. NO. <u>237</u>		PRIMARY REG. DIST. NO. <u>5820</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon Mo. RURAL</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon Mo. Rural</u>		<u>0720</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>0</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u>			b. (Middle) <u>Burnice</u>			c. (Last) <u>McAndrew</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7/53</u>		5. SEX <u>f</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>			
8. DATE OF BIRTH <u>Aug. 6/53</u>		9. AGE (In years last birthday) _____		IF UNDER 1 YEAR (Months) _____		IF UNDER 24 HRS. (Hours) (Min.) <u>18</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>			11. BIRTHPLACE (State or foreign country) <u>Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Clifton McAndrew</u>		13b. MOTHER'S MAIDEN NAME <u>Murtis Lamb</u>		14. NAME OF HUSBAND OR WIFE <u>0</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clifton McAndrew</u>				ADDRESS <u>Gideon Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>0</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paramin Ovale failed to close,</u>						INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mothers health.</u>							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Gideon Mo Anderson New Madrid</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>0</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>					
22. I hereby certify that I attended the deceased from <u>Aug. 6</u> , 19 <u>53</u> , to <u>Aug. 8th.</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Aug 6</u> , 19 <u>53</u> and that death occurred at <u>8 Am</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Gideon Mo.</u>				23c. DATE SIGNED <u>Aug 7/53</u> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>STANFIELD</u>		24b. DATE <u>Aug 7/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STANFIELD Cem</u>		24d. LOCATION (City, town, or county) <u>Dunklin Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-7-53</u>		REGISTRAR'S SIGNATURE <u>Mr. J. G. Hopkins</u>		456		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell</u> ADDRESS <u>Clayton</u>			

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 was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russell

Licensed Embalmer No. 509- Ark

P. O. Address Piggott Ark

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.