

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14598

FILED MAY 14 1954

State File No. 4474

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 4473		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Salina b. CITY (If outside corporate limits, write RURAL and give township) OR Sweet Springs c. LENGTH OF STAY (In this place) Lifetime d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Salina c. CITY OR TOWN Sweet Springs d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ e. STREET ADDRESS (If rural, give location) 0970			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Letitia c. (Last) Andrew				4. DATE OF DEATH (Month) (Day) (Year) April 29, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH August 18, 1881	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		11. BIRTHPLACE (City and State or Foreign Country) Sweet Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME David S. Andrew		13b. MOTHER'S MAIDEN NAME Anna Thompson		14. NAME OF HUSBAND OR WIFE none			
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 Mrs. Elizabeth Yankee, Sweet Spring			
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) Hypostatic Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Breast DUE TO (c) Metastatic Carcinoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Liver Cirrhosis, Secondary			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒		INTERVAL BETWEEN ONSET AND DEATH 15 hrs	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from April 27, 1954 , to April 29, 1954 , that I last saw the deceased alive on April 29, 1954 , and that death occurred at 7:05 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles A. Parker, M.D.				23b. ADDRESS Sweet Springs, Mo		23c. DATE SIGNED 5/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1954		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Sweet Springs, Mo	
DATE REC'D BY LOCAL REG. MAY 14 1954		REGISTRAR'S SIGNATURE Elyde A. Bridges		25. GENERAL DIRECTOR'S SIGNATURE L. T. Parker - Sweet Springs, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *L. F. Parker*.....

Licensed Embalmer No. *389*

P. O. Address *Sweet Springs*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.