

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 72

0782
1

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

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO		c. LENGTH OF STAY (in this place) OR TOWN NEOSHO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 602 S. Hamilton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 602 S. Hamilton		0782	

3. NAME OF DECEASED a. (First) LILLIE b. (Middle) S c. (Last) ANDRE			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH March 22, 1892		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours & Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lenia, Kansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME JAMES R. WEST		13b. MOTHER'S MAIDEN NAME Amanda Jane Johnson		14. NAME OF HUSBAND OR WIFE Alvah D. Andre	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Miss Arleta Andre ADDRESS K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 1 Day	
		ANTECEDENT CAUSES Asorbid 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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **6-30, 1954**, to **7-9, 1954** that I last saw the deceased alive on **7-9, 1954**, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **An Thomas M.D.** (Degree or title) 23b. ADDRESS **Neosho, Mo** 23c. DATE SIGNED **7-12-54**

24a. BURIAL, CREMATION, REMOVAL **REMOVAL** 24b. DATE **8-13-54** 24c. NAME OF CEMETERY OR CREMATORY **Fairview** 24d. LOCATION (City, town, or county) (State) **Mildred, Kansas**

DATE REC'D BY LOCAL REG. **7/12/54** REGISTRAR'S SIGNATURE **Melvin C. Bauman** 25. FUNERAL DIRECTOR'S SIGNATURE **Walter J. Thompson** ADDRESS **Neosho, Mo.**

RECEIVED

District Health Officer No. Newton Co.

District File Number 754-132

Date Filed 7/17/54

MAR 10 1958

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 Barley J. Thompson
Licensed Embalmer No. 486

P. O. Address Newark, N.J.

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.