

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41465

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. LENGTH OF STAY (In this place) <u>6 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JANE CHINN HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
		d. STREET ADDRESS (If rural, give location) <u>1710 WEST 4TH ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>		b. (Middle) <u>STILLMAN</u>	
		c. (Last) <u>ANDREWS</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 11, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 22, 1881</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATIONARY ENGINEER</u>	11. BIRTHPLACE (State or foreign country) <u>JUNCTION CITY, KS.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATIONARY ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>EMPIRE DISTRICT</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANK ANDREWS</u>		13b. MOTHER'S MAIDEN NAME <u>ELVIRA ROBB</u>	
13c. FATHER'S NAME <u>FRANK ANDREWS</u>		14. NAME OF HUSBAND OR WIFE <u>AUGUSTA M. ANDREWS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS AUGUSTA M. ANDREWS, 1710 W. 4TH</u>		ADDRESS _____	
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) <u>Chronic Myocarditis.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Massive Edema of limbs & abdomen.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes.</u> Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>14 Mos.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>None.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. DATE OF OPERATION _____		19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. I hereby certify that I attended the deceased from <u>10-21</u> , 19 <u>54</u> , to <u>12-11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-11</u> , 19 <u>54</u> , and that death occurred at <u>8:40 Pm.</u> , from the causes and on the date stated above.			
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) <u>4222</u>			
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. SIGNATURE <u>H. B. ...</u> (Degree or title) _____		23b. ADDRESS <u>530 1/2 Main Joplin</u>	
23a. SIGNATURE _____		23c. DATE SIGNED <u>12-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>12-15-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>D. W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-15-54</u>		REGISTRAR'S SIGNATURE <u>475-P Mrs. Madeline Switzer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>		ADDRESS _____	

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

County File Number 54-12-1017
Date Filed DEC 20 1954

DEC 20

OCT 29 1957

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.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.