

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21449

21449

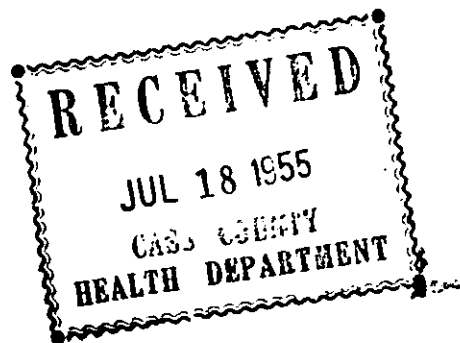
FILED JUL 20 1955

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5219 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cass 9th</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cass 9th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. S. of Eight Mile</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mi. S. of Eight Mile</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u> b. (Middle) <u>M</u> c. (Last) <u>ANDREWS</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>9</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr 13 1872</u>
9. AGE <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Lydia Herring Andrews</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Rules Harrisonville</u>	
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>MYOCARDIAL INSUFFICIENCY</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>said changes</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Deceased fell in front of house, head and limbs following fall.</u>	
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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>24th</u> , 19____, and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Shirley Jander (C. Crank)</u>		23b. ADDRESS <u>Pleasant Hill, Mo</u>	
23c. DATE SIGNED <u>7/11/55</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 12 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Harrisonville</u>		24e. STATE <u>Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 12 1955</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Harrisonville</u>	
25. ADDRESS <u>Harrisonville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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
Student Embalmer

Signed _____

Licensed Embalmer No. 3368

P. O. Address Hansenville

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.