

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29928
394

FILED OCT 3-1955

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>394</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>John</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Baxter Spgs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>				• STREET ADDRESS (If rural, give location) <u>1002. Mans ave. S</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>A</u> c. (Last) <u>Andrews</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-29-55</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>5-24-1887</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
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>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cherokee County Kans</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thos Crabtree</u>			13b. MOTHER'S MAIDEN NAME <u>Mandy. Dent</u>		14. NAME OF HUSBAND OR WIFE <u>James F Andrews Dec</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Zeb Andrews Baxter Spgs.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acidosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pericardial thrombosis</u> DUE TO (c) <u>Coronary thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3-11 Day</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) (Minute)		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 <u>April 29, 1955</u> , to <u>Sept 29, 1955</u> , that I last saw the deceased alive on <u>Sept. 29, 1955</u> , and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. S. Davis M.D.</u>				23b. ADDRESS <u>714 Joplin St. Galena, Kans</u>		23c. DATE SIGNED <u>Sept. 29, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ottawa County Okla.</u>	
DATE REC'D BY LOCAL REG. <u>10-1-55</u>		REGISTRAR'S SIGNATURE <u>John S. Lane</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Wene - Baxter Spgs.</u>			

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

OCT 5

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 Wene Funeral Home, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Lane Wene

Licensed Embalmer No. 2880

P. O. Address Baxter Sp...

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.