

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **969**

FILED JAN 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Clever, Rt.#1</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8 Days</b>		e. STREET ADDRESS (If rural, give location) <b>"Rural" Lincoln</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>NELLIE</b>	b. (Middle) <b>F.</b>	c. (Last) <b>ANDRUS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 14, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 17, 1891</b>	9. AGE (In years last birthday) <b>64</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Clever, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Samuel D. Forbis</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Ann Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>M. E. Andrus</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Mc E. Andrus, Rt.1, Clever, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 years</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchiectasis, Chronic</b>		
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <b>none</b>		
	DUE TO (c) <b>none</b>		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		<b>526x</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 5, 1956, to Jan 14, 1956, that I last saw the deceased alive on Jan 13, 1956, and that death occurred at 2:00 p.m., from the causes and on the date, stated above.

23a. SIGNATURE (Degree or title) <b>W. Hallaway M.D.</b>	23b. ADDRESS <b>12119 Glenstone Springfield Mo</b>	23c. DATE SIGNED <b>1/14/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 16-'56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Delaware Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Nixa, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-16-56</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Phelan Harris</b>	ADDRESS <b>Clever, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 5 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... *J. Alan Harris* .....

Licensed Embalmer No. *4390* .....

P. O. Address... *Cleves, M.* .....

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.