

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2383

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give town(ship)). Moberly		c. LENGTH OF STAY (in this place) Since 12/21/55		c. CITY OR TOWN Clifton Hill		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital				STREET ADDRESS (If rural, give location) RR # 2			
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN		b. (Middle) MILTON		c. (Last) ANDREAE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 14, 1870	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dodge & Building Foreman		10b. KIND OF BUSINESS OR INDUSTRY Wabash B. Co.		11. BIRTHPLACE (City and State or Foreign Country) Gasconade County Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Charles Andrae		13b. MOTHER'S MAIDEN NAME Clasinda Jugel		14. NAME OF HUSBAND OR WIFE Bertha Leona Andrae	
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. 703-01-2457		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilford Andrae Clifton Hill 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES DUE TO (b) Myocarditis and Right Bundle Branch Block DUE TO (c) Coronary Sclerosis II. OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2-4 weeks Years? Years? Years?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 12/21/55, 19, to 1/3/56, 19, that I last saw the deceased alive on 12/28/55, 19, and that death occurred at 3:35 P. M. from the causes and on the date stated above.							
23a. SIGNATURE (Typed name) Dwight W. Anderson M. D. Physician in Charge				23b. ADDRESS 415 Woodland Moberly, Missouri		23c. DATE SIGNED 1-3-56	
24a. BURIAL (Cremation, Removal) (Specify)		24b. DATE Jan - 5 - 56		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery Moberly Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Jan 5 - 56		REGISTRAR'S SIGNATURE Earl B. Green 207		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cater Funeral Home Moberly Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1967

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..... *R. M. Carter*

Licensed Embalmer No. *411*

P. O. Address *Trinity 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.