

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3982**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Mo</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY OR TOWN <u>St Louis</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>10</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 1</u>		e. STREET ADDRESS <u>5306 Keegan Rd St Louis 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Andle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DK</u>	8. DATE OF BIRTH (Last day) (Month) (Year) <u>79 79 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>DK</u>	13b. MOTHER'S MAIDEN NAME <u>DK</u>
14. NAME OF HUSBAND OR WIFE <u>DK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u>	16. SOCIAL SECURITY NO. <u>DK</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Proehl St Louis Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Arteriosclerotic Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4200</u>	
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)	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>July 1950</u> , to <u>Feb 26 1956</u> , that I last saw the deceased alive on <u>Feb 26 1956</u> , and that death occurred at <u>2:35 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Hunter MD</u> (Degree or title)		23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>Feb 26/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 29-1956</u>	REGISTRAR'S SIGNATURE <u>Marjette Lawrence</u> <u>426-8</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.C. Weeks Fulton Mo</u>	

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**