

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17358

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Putnam</u> <u>0860</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u> <u>0860</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u> Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>Unionville</u> Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTE <u>House H.</u> Length of stay in lb <u>4 days</u>		d. STREET ADDRESS (If outside, give location) Reside on Form Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) <u>Bill</u> First <u>Andrews</u> Middle <u>Andrews</u> Last <u>Andrews</u>		4. DATE OF DEATH <u>May 21-1956</u> Month <u>May</u> Day <u>21</u> Year <u>1956</u>	
5. SEX <u>M.O.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH <u>Dec. 21-1977</u> <u>87-5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>	
11. BIRTHPLACE (City and state or country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Daniel Andrews</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Ernest Keller</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>apoplexy - cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>alternating hypertension & pressure</u> DUE TO (c) <u>Possible physical strain</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Epilepsy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>10 p. m.</u> Month <u>May</u> Day <u>21</u> Year <u>1956</u>			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>May 16 1956</u> to <u>May 21 1956</u> and last saw her/him alive on <u>May 21 1956</u> . Death occurred at <u>10 p. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. L. Hemson, Osteopathic Pharm.</u>		22b. ADDRESS <u>Unionville, Mo.</u>	
22c. DATE SIGNED <u>5/22/56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 23</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cherry</u>	23d. LOCATION (City, town, or county) (State) <u>Country, Mo</u>
24. FUNERAL DIRECTOR <u>Husted & Son Unionville</u> ADDRESS <u>6-2-56</u>		25. DATE RECD. BY LOCAL REG. <u>6-2-56</u>	
26. REGISTRAR'S SIGNATURE <u>Marvel Durbin</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by , Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *F.O. Hursted*.....

Licensed Embalmer No. *29*

P. O. *Unionville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.