

Health, Welfare, Public Service
000-56
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
22

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

157 021876
STATE FEE UNDER
Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 28-57

1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARYS HOME, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MARYS HOME, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JOSEPH LEODIGAR ANDRES <i>First Middle Last</i>				4. DATE OF DEATH JUNE 17, 1957 <i>Month Day Year</i>					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 17, 1865 <i>Month Day Year</i>		9. AGE (In years last birthday) 92 IF UNDER 1 YEAR: Months 4 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) FRANCE		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME GEORGE ANDRES				14. MOTHER'S MAIDEN NAME UNKNOWN					
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. NONE		17. INFORMANT EUGENE ANDRES MARYS HOME, MO. <i>Address</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>bedridden condition</i> DUE TO (c) <i>Generalized arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>4500</i>								INTERVAL BETWEEN ONSET AND DEATH <i>several days</i> <i>several (5) yrs.</i> <i>yrs.</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Nov. 1947 to 6-17-57 and last saw him alive on 5/25/57 Death occurred at 11 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>M. E. Kallenbach</i> (Degree or title)				22b. ADDRESS Tusculumbia, MO				22c. DATE SIGNED 6/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/19/57		23c. NAME OF CEMETERY OR CREMATORY Our Lady of Snows		23d. LOCATION (City, town, or county) Marys Home, Mo.		(State)	
24. FUNERAL DIRECTOR <i>Sylvester Miller</i> ADDRESS J. C. MO.			25. DATE RECD. BY LOCAL REG. 6-26-1957		26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 28 '57

Miller County
Health Department

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. 43

P. O. Address Jefferson

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.