Health, Welfare Public Service

300 -57

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005067

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 160

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 633 Cherry — Length of stay in lb 10 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1256 Cherry — Reside on Farm Yes [ ] No [X]

0396

3. NAME OF DECEASED (Type or print) First J. Middle TILDEN Last ANDRES

4. DATE OF DEATH Month Feb. Day 15, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH March 6, 1877

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resort business

10b. KIND OF BUSINESS OR INDUSTRY Resort

11. BIRTHPLACE (City and state or country) Pulaski County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Andres

13b. MOTHER'S MAIDEN NAME Eliza Bishop

14. NAME OF HUSBAND OR WIFE Gussie M. Andres

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 Address Gussie M. Andres, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Multiple Ulcers of Skin

DUE TO (c) Thrombocytopenia — 4 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid Arthritis. 296X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 a.m. p.m. Month, Day, Year

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 Sept 9, 1957 to Feb. 15, 1958 and last saw ~~her~~ him alive on Feb 12, 1958

Death occurred at 11:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S D Callaway Jr MD

22b. ADDRESS Springfield, Mo

22c. DATE SIGNED Feb 17, '58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 18, 1958

23c. NAME OF CEMETERY OR CREMATORY East Lawn

23d. LOCATION (City, town, or county) Springfield, (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Ralph Thieme, Springfield, Mo.

25. DATE RECD. BY LOCAL REG. 2-19-58

26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms are to be stated. All diseases in Part I must be causally related.

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 .....Lee Mason.....

Licensed Embalmer No.....4568.....

P. O. Address....Springfield, Mo

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.