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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013024
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 274 Primary Registration District No. 6276 Registrar's No. 14

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Worth County Missouri</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Township 6276</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> | | c. CITY OR TOWN <u>Grant City Missouri</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 miles northwest of Grant City</u> | | Length of stay in lb <u>40 years</u> | | d. STREET ADDRESS <u>1 1/2 miles northwest</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Hiram Clarence Andrews</u> | | | | 4. DATE OF DEATH <u>March 2- 1958</u> | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>December-12*1886-71</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer and carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farmer & carpenter</u> | | 11. BIRTHPLACE (City and state or country) <u>Worth County</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>William H. Andrews</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Dorothy Ann Young</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>497-34-0569</u> | | 17. INFORMANT <u>Dale Andrews Grant City Missouri</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> | | | | | | <u>2-5 minutes</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerotic Cardiovascular Disease</u> | | | | | | <u>3 years</u> | |
| DUE TO (c) <u>4201</u> | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 Month, Day, Year a. m. 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 <u>3:30pm</u> to <u>1955</u> and last saw her alive on <u>MARCH 2, 1958</u> | | Death occurred at <u>Grant City, Missouri</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Frank B Matteson M D</u> | | | | 22b. ADDRESS <u>Grant City, Missouri</u> | | 22c. DATE SIGNED <u>3/4/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Mar 5-58</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Grant City Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>John Andrews Grant City, Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>March 18, 1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u> | |

(Licensed Embosser's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 John Andrews....., Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews.....
Licensed Embalmer No. 42

P. O. Address Grant.....

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.