

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI 29546-58
STANDARD CERTIFICATE OF DEATH

58-016984

FILED APR 21 1958

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 61

100
57

1720

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall 09720 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Witzgibbon hospital		Length of stay in lb 53 min.	d. STREET ADDRESS (If outside, give location) 257 W. Summit St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Catherine Elizabeth Andrew			4. DATE OF DEATH Month Day Year April 16th 1958		
---	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 16th 1958	9. AGE (In years last birthday) Months Days Hours Min. 53
-------------------------	----------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) D	10b. KIND OF BUSINESS OR INDUSTRY D	11. BIRTHPLACE (City and state or country) Marshall Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	---

13a. FATHER'S NAME Barry N. Andrew	13b. MOTHER'S MAIDEN NAME Shirley R. Napple	14. NAME OF HUSBAND OR WIFE D
--	---	---

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 Address Mrs Elizabeth Andrew, Marshall 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) Respiratory failure atelectasis of lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) D DUE TO (c) Septicemic Pneumonia 7630		INTERVAL BETWEEN ONSET AND DEATH D
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 <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 4/16/58 to 4/16/58 and last saw her alive on 4/16/58 Death occurred at 1-45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.
--

21a. SIGNATURE (Degree or title) W. Edwin E. Koehn M.D.	21b. ADDRESS Marshall, Mo	21c. DATE SIGNED 4/18/58
---	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-19-1958	23c. NAME OF CEMETERY OR CREMATORY Blackburn cemetery	23d. LOCATION (City, town, or county) (State) Blackburn Missouri
--	-------------------------------	---	--

24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.	25. DATE RECD. BY LOCAL REG. 4-18-58	26. REGISTRAR'S SIGNATURE Cecil J. Reed
---	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 21 1958

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. 4789

P. O. Address Marshall, W. Va.

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.