

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028440

STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 50 Primary Registration District No. 5129 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Beach		c. CITY OR TOWN Osage Beach	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Joseph Middle Andres Last Andres		4. DATE OF DEATH Month Sept. Day 8 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH Jan. 15, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) motel operator & owner		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
11. BIRTHPLACE (City and state or country) Staufen, Baden, Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Andres		13b. MOTHER'S MAIDEN NAME Ida Thoma	
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.	
17. INFORMANT Clara Andres		Address Osage Beach, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of the Spleen DUE TO (c) - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 days 18 months
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 7:30 a.m. Month, Day, Year Sept. 8, 1958		20d. INJURY OCCURRED WHILE AT ☐ 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 Osage Beach, Missouri	
21. I attended the deceased from Sept. 6 - 1958 to Sept. 8 - 58 and last saw her/him alive on Sept. 7 - 58 Death occurred at 7:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Thomas A. Weyland MD	
22b. ADDRESS Concordia, Mo		22c. DATE SIGNED Sept. 9 - 58	
23a. BURIAL, CREMATION, burial (Specify)		23b. DATE Sept. 10, 1958	
23c. NAME OF CEMETERY OR CREMATORY Eldon City Cemetery		23d. LOCATION (City, town, or county) Eldon, Missouri	
24. FUNERAL DIRECTOR Hedges Funeral Homes, Inc.		25. DATE RECD. BY LOCAL REG. Sept. 9 - 1958	
26. REGISTRAR'S SIGNATURE Zilphus J. Traut			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS JUN 8 1961

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 *Walter P. Hedges*

Licensed Embalmer No. 4265

P. O. Address...Iberia, Missouri

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.