

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031450

STATE FILE NUMBER

FILED AUG 22 1958

Registration District No.

333

Primary Registration District No.

3074

Registrar's No.

154

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		c. CITY OR TOWN Sikeston 10030	
c. FULL NAME OF (If NOT in hospital, give location) Mo. Delta Comm. Hosp. 8 Days		d. STREET ADDRESS (If outside, give location) 118 No. West St. n	
3. NAME OF DECEASED (Type or print) First FANNIE Middle ALFREDA Last ANDREWS		4. DATE OF DEATH Month July Day 27 , Year 1958	
5. SEX Female	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. 4, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (City and state or country) Ridgeway, Illinois
13a. FATHER'S NAME John Henry Deal		13b. MOTHER'S MAIDEN NAME Rhodia Sitze	14. NAME OF HUSBAND OR WIFE Willis C. Andrews Sr.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Velma Lorene Smith Chillicothe, 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) ACUTE LYMPHATIC LEUKEMIA			INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, DUE TO (b) Part II Pulmonary tuberculosis, active (positive culture) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS, Ess. HYPERTENSION 2043A			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 7.21.58 to 7.27.58 and last saw her alive on 7.28.58 . Death occurred at 8:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl G. Toigo M.D. (Degree or title)		22b. ADDRESS Sikeston, Mo.	
22c. DATE SIGNED 8.1.58			
23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 7-29-58	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories	23d. LOCATION (City, town, or county) (State) Sikeston, Missouri
24. FUNERAL DIRECTOR Numelee Funeral Chapel Sikeston		25. DATE RECD. BY LOCAL REG. 8-11-58	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter

Mo. signed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Medical examiner, this space only standard nomenclature in item 18. All diseases in Part I must be causally related.

990

DATE RECEIVED 8-18-58

SCOTT CO. HEALTH DEPT.

CO. FILE NO. 858-200

JUN 3 1959

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 Philip J. Cassidy
Licensed Embalmer No. 4618

P. O. Address Keaton, 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.