. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-047000
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY Ver non

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Missouri b. COUNTY Johnson ~~Chilhowee~~ M

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Washington — Inside Limits Yes ☐ No ☒

c. CITY OR TOWN Chilhowee 0510 — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Nevada State Hospital #3 — Length of stay in 1b

d. STREET ADDRESS (If outside, give location) Unknown — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Alice Middle L. Last Andrews

4. DATE OF DEATH Month Day Year 12-15-1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH 4-3-1875

9. AGE (In years last birthday) 83 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Clinton Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. Campbell

13b. MOTHER'S MAIDEN NAME Margret Campbell (NO KIN)

14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unkbown

17. INFORMANT Adm. Papers Address

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho Pneumonia — 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) Coronary Vessel Disease — Yrs.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senil Dementia 4261

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 4-25-'58, to 12-15-'58 and last saw ~~her~~ him alive on 12-15-'58
Death occurred at 1731 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Allen Pickens, M.D.

22b. ADDRESS Nevada, Missouri

22c. DATE SIGNED 12-15-'58

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

23b. DATE 12-15-58

23c. NAME OF CEMETERY OR CREMATORY Sun Set Hill

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

24. FUNERAL DIRECTOR ADDRESS Cook Funeral Home Chillhowee, Mo.

25. DATE RECD. BY LOCAL REG. 12-22-58

26. REGISTRAR'S SIGNATURE Anna E. Jerry

(Licensed Embalmer'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.

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 Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Versailles, 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.