

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018488

STATE FILE NUMBER

JUN 4 1959

Registration District No. 231

Primary Registration District No. 5909

Registrar's No. 20

S. 300  
1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Danville</b>		c. CITY OR TOWN <b>Danville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>0700</b>	
3. NAME OF DECEASED (Type or print) First <b>Russell</b> Middle <b>Lee</b> Last <b>Andrew</b>		4. DATE OF DEATH Month <b>May</b> Day <b>20</b> , Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October 15, 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State Highway Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Highway Dept.</b>	
11. BIRTHPLACE (City and state or country) <b>Montgomery County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Andrew</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Adams</b>	
14. NAME OF HUSBAND OR WIFE <b>Grace Mae Andrew</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Grace Mae Andrew</b> Address <b>Danville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause, define for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 <b>10 mo</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <b>7/2/58</b> to <b>May 20/59</b> and last saw him alive on <b>5/19/59</b> Death occurred at <b>11:55 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. H. Gelfand M.D.</b>		22b. ADDRESS <b>Wellsville Mo</b>	22c. DATE SIGNED <b>5/23/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 22, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Montgomery City, Missouri</b>
24. FUNERAL DIRECTOR <b>Schlanker Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>May 25 - 1959</b>	26. REGISTRAR'S SIGNATURE <b>Laura B. Callaway</b>

(Licensed Embalmer's Statement on Reverse Side)

6961 7 NOV 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 *E. B. Schlanke* .....

Licensed Embalmer No. *4136* .....

P. O. Address *Montgomery, Ala.* .....

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.