. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56
0810

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED VS AUG 18 1959

59-030024
STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James — Inside Limits Yes ✓ No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fed. Soldiers Home — Length of stay in Hospital or Institution 4 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Steelville — Inside Limits Yes No ✓
d. STREET ADDRESS (If outside, give location) 2 mi. S. of Steelville — Reside on Farm Yes ✓ No

3. NAME OF DECEASED (Type or print) First: Anna Middle: Jane Last: Andres
4. DATE OF DEATH Month 8 Day 12 Year 59
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH 12-12-80
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR: Months 8 Days 0 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Leachburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alec McElwain
14. MOTHER'S MAIDEN NAME Kate Stoops
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. None
17. INFORMANT Harry Jonas Address Steelville, Mo

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) Diabetes Mellitus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓
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 Oct. 11 '55 to Aug. 12-59 and last saw her alive on Aug 12-59
Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. A. Grossklaus (Degree or title) M.D.
22b. ADDRESS St. James, Mo
22c. DATE SIGNED 8-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-14-59
23c. NAME OF CEMETERY OR CREMATORY Steelville
23d. LOCATION (City, town, or county) Steelville (State) Mo.
24. FUNERAL DIRECTOR Harry M. Jonas ADDRESS Steelville
25. DATE RECD. BY LOCAL REG. 8-14-1959
26. REGISTRAR'S SIGNATURE Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. Jesse Gabr

Licensed Embalmer No. 448

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.