

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 3 0 1959

59-033520

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8399**

RECEIVED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Length of stay in 1b 6 wks.	c. CITY OR TOWN Dupo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 508 N. 3rd. St.,	
3. NAME OF DECEASED (Type or print) First Middle Last OLIVER Samuel ANDREWS			4. DATE OF DEATH Month Day Year SEPTEMBER 10 1959		
5. SEX Male	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 7 January 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Engineer		10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific Railroad	11. BIRTHPLACE (City and state or country) Trenton, Illinois		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Samuel ANDREWS		13b. MOTHER'S MAIDEN NAME Anna WHITE		14. NAME OF HUSBAND OR WIFE Mary Ardelia Crake	
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. 702-18-2559	17. INFORMANT Address Mrs. Mary Andrews Dupo, Illinois		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ? RENAL EMBOLIZATION					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) ABDOMINAL AORTIC ANEURYSM					1 1/2 MONTHS
DUE TO (c) ARTERIOSCLEROSIS 45 1/2					YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 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 JULY 29, 1959 to SEPTEMBER 10, 1959 and last saw her/him alive on SEPT. 10, 1959 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 (Degree or title) <i>C. D. Smith, M.D.</i>			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 9/10/59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE September 10 59	23c. NAME OF CEMETERY OR CREMATORY Trenton City Cemetery	23d. LOCATION (City, town, or county) Trenton, Illinois		
24. FUNERAL DIRECTOR ADDRESS Harold A. Dashner, Dupo, Illinois		25. DATE RECD. BY LOCAL REG. SEP 11 1959	26. REGISTRAR'S SIGNATURE <i>Harold Smith, M.D.</i> <i>acm</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Harold A. Reshner*

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

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.