

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040783

FILED VS. DEC 7 1959 174

Registration District No. Primary Registration District No. 3035 Registrar's No. 97

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		Length of stay in 1b <u>2 Yr.</u>		c. CITY OR TOWN <u>Lexington</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>				d. STREET ADDRESS (If outside, give location) <u>1425 South St.</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) <u>PAUL</u> First <u>LEE</u> Middle <u>ANDREW</u> Last				4. DATE OF DEATH Month <u>November</u> Day <u>22</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>5/14/16/1910</u>	
9. AGE (last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor & Truck Driving</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Factory Work</u>		11. BIRTHPLACE (City and state or country) <u>Gibson County Indiana U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>James Wm. Andrew</u>				13b. MOTHER'S MAIDEN NAME <u>Millie Chanley</u>			
14. NAME OF HUSBAND OR WIFE <u>Mrs. Beatrice Andrew</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>307-16-7261</u>		17. INFORMANT <u>Mrs. Viola Crites Windsor, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Punctured Collapsed lung, hemorrhage into lung</u> DUE TO (b) <u>Crushed Chest, fracture sternum. Multiple rib fractures.</u> DUE TO (c) <u>rib fractures.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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. ☐ Yes ☒ No ☐ Unknown	
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.) <u>Car accident</u>			
20c. TIME OF INJURY Hour <u>1:20</u> Month, Day, Year <u>11/20/59</u>							
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.) <u>Highway 13 (South)</u>		20f. CITY, TOWN, OR LOCATION <u>Lexington</u>		COUNTY <u>Lafayette</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>11-21-59</u> to <u>11/22/59</u> and last saw him alive on <u>11-22-59</u> Death occurred at <u>10:30</u> A.P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Ben H. Brasher</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Lexington Missouri</u>		22c. DATE SIGNED <u>11/24/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/25/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maohpelah Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>	
24. FUNERAL DIRECTOR <u>Crunk-Walker</u> ADDRESS <u>Lexington, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-27-59</u>		26. REGISTRAR'S SIGNATURE <u>Thomas E. Eastbrook</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 7 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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington

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.