

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 3 1960 333

-60-004714

STATE FILE NUMBER

NDED

Registration District No. Primary Registration District No. 3074 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 3 days		c. CITY OR TOWN Morehouse		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First ALLEN Middle BLAIN Last ANDREWS				4. DATE OF DEATH Month 1 Day 17 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9-3-84	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad (retired)		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Shady Grove, Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Clabe Andrews		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Elvada Andrews			
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. X X X X X X X X		17. INFORMANT Address Newt Hicks Morehouse, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coccioma of bladder						INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
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)						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.)			
20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m.	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 1-1-60 to 1-17-60 and last saw him alive on 1-17-60 Death occurred at 9:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE A. M. Laro		(Degree or title) M.D.		22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 1-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-19-60	23c. NAME OF CEMETERY OR CREMATORY Essex cemetery		23d. LOCATION (City, town, or county) Essex, Missouri		(State)	
24. FUNERAL DIRECTOR Watkins & Sons		ADDRESS Morehouse, Mo.		25. DATE RECD. BY LOCAL REG. 1-28-60		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

COPIES 8 233

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Depter W

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.