

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

NOV 3 0 1960

-60-044963

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 4148 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Worth County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Worth, Missouri		c. CITY OR TOWN Worth	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION north part		d. STREET ADDRESS (If outside, give location) north part	
3. NAME OF DECEASED (Type or print) First Hayse Middle none Last Andrews		4. DATE OF DEATH Month November Day 9 Year 1960	
5. SEX mail	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 6-6-1876
9. AGE (last birthday) 84		10. IF UNDER 1 YEAR Months 5 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY lumber-yard	
11. BIRTHPLACE (City and state or country) Worth County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Hiram Andrews		13b. MOTHER'S MAIDEN NAME Sarah Nail	
14. NAME OF HUSBAND OR WIFE Iva Andrews		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. none		17. INFORMANT Iva Andrews Address Worth Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEPULLARY FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBROVASCULAR ACCIDENT DUE TO (c) ARTERIOSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 30 MIN 1 1/2 HOURS 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 type="checkbox"/> NO <input checked="" 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. 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 Grant City COUNTY Missouri STATE Missouri	
21. I attended the deceased from OCT 16, 1960 to NOV 9, 1960 and last saw him alive on NOV 9, 1960 Death occurred at 9:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard G. Smith (Degree or title)		22b. ADDRESS Grant City MO	
22c. DATE SIGNED 11-11-60		23. NAME OF CEMETERY OR CREMATORY Isadora Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-11-1960	
24. FUNERAL DIRECTOR John Andrews ADDRESS Grant City Missouri		25. DATE RECD. BY LOCAL REG. November 22-1960	
26. REGISTRAR'S SIGNATURE Keta E. Danvers		27. DATE SIGNED 11-11-60	

(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 embalmed by me
or by John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City

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.