

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012467
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 88

FILED MAY 8 1961

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEXICO		Length of stay in 1b 7 DAYS	c. CITY OR TOWN VANDALIA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AUDRAIN HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RESIDE ON FARM X-KIKI No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROBERT Middle GUY Last ANDREWS			4. DATE OF DEATH Month 4 Day 30 Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-1-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) STOKES Co. N. CAROLINA U.S.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME ROBERT ANDREWS		13b. MOTHER'S MAIDEN NAME MARY HUNDLEY		14. NAME OF HUSBAND OR WIFE NONE		
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. NONE		17. INFORMANT Address CLAY ANDREWS MEXICO, MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) DECOMPENSATED COR PULMONALE			5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ADVANCED PULMONARY EMPHYSEMA		15 YRS
	DUE TO (c) CHRONIC BRONCHIAL ASTHMA		30 YRS
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. 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 4-26-61 to 4-30-61 and last saw her/him alive on 4-29-61
Death occurred at 1 o'clock a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William W. Jones D.O.		22b. ADDRESS Laddonia Mo		22c. DATE SIGNED 5-2-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-2-1961	23c. NAME OF CEMETERY OR CREMATORY LADDONIA CEMETERY	23d. LOCATION (City, town, or county) (State) LADDONIA, MO.	

24. FUNERAL DIRECTOR ADDRESS WILKEY & BIENHOFF LADDONIA, MO.	25. DATE RECD. BY LOCAL REG. MAY 2-1961	26. REGISTRAR'S SIGNATURE Blanche Neely
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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 Clyde C. Whiskey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo

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.