

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018582

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 23 1961

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Minnesota b. COUNTY Nobles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood, Mo.		c. CITY OR TOWN Worthington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) 1057 - 7th Avenue	
3. NAME OF DECEASED (Type or print) First PATRICK Middle HENRY Last ANDREWS		4. DATE OF DEATH Month May Day 2 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5 Apr 1923
9. AGE (last birthday) 38		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	
11. BIRTHPLACE (City and state or country) Petersburg, North Dakota		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Deceased		13b. MOTHER'S MAIDEN NAME Stella Irene (Unknown)	
14. NAME OF HUSBAND OR WIFE Mary Carol Andrews		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 16 yrs 4 mos	
16. SOCIAL SECURITY NO. 477-12-7764		17. INFORMANT Mary C. Andrews, 37 Turner St., FLW, 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) Coronary Occlusion DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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. Month, Day, Year		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 May 2, 1961 to May 2, 1961 and last saw him alive on never . 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 George F. Scofield, Captain, MC GEORGE F. SCOFIELD, Captain, MC	
22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED 2 May 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 3 1961	23c. NAME OF CEMETERY OR CREMATORY Worthington Cemetery	23d. LOCATION (City, town, or county) (State) Worthington Minnesota
24. FUNERAL DIRECTOR Moss-Williams Funeral Homes Crocker Mo		25. DATE RECD. BY LOCAL REG. 5-3-61	
26. REGISTRAR'S SIGNATURE Paula M. Anderson			

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1961

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 Clarence J. Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.