

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024400

AMENDED

Registration District No. 59

Primary Registration District No.

Registrar's No. 119

STATE FILE NUMBER

FILED JUL 19 1961

## 1. PLACE OF DEATH

a. COUNTY

Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Grand River Twp.

Length of stay in lb

40 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

at Home - Rural

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cass

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

Harrisonville

d. STREET ADDRESS

(If outside, give location)  
4 mi. Southwest Bril

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MARY

BELL

ANDREWS

4. DATE OF DEATH

Month

Day

Year

July

14

1961

## 5. SEX

Female

## 6. COLOR OR RACE

wh

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

May 8, 1894

## 9. AGE (last birthday)

65

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

-

## 11. BIRTHPLACE (City and state or country)

Cass County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

C. C. Briles

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Wills

## 14. NAME OF HUSBAND OR WIFE

Clarence B. 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.

-

## 17. INFORMANT

Edna L. Briles Harrisonville, Mo.

Address

## 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 thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Cardiac insufficiency

5 yrs

## DUE TO (c)

Atherosclerosis

5 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.

☐ Yes ☒ No ☐ Unknown19. 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 Feb 17, 1956 to July 14, 1961 and last saw her alive on July 14, 1961  
Death occurred at 1 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

A. E. Frosch xls

## 22b. ADDRESS

Harrisonville Mo

## 22c. DATE SIGNED

7/15/61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

July 16, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

Bu Ford. Cemetery

## 23d. LOCATION (City, town, or county)

Cass County

## 23e. (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Kennen Burger's Funeral Home July - 15 - 1961

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

E. M. Roy Sebra

(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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank E. Runnen Luquet

Licensed Embalmer No. 5023

P. O. Address Harrisonville

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.