SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-024521
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 210

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City, Mo.
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 911 St Marys
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First BERTHA Middle Last ANDREWS
4. DATE OF DEATH Month Day Year JULY 16, 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 11/15/01
9. AGE (last birthday) 57
IF UNDER 1 YEAR Months 8 Days 1
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Dr J A Ossman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME J Ed Ehler
13b. MOTHER'S MAIDEN NAME Emma Pfeffer
14. NAME OF HUSBAND OR WIFE William Andrews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
INFORMANT Donald Andrews Address J C, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial and general visceral failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) malnutrition and cachexia
DUE TO (c) ~~Generalized carcinomatosis~~ Gastric carcinoma
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 X 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 22, 1961 to July 17, 1961 and last saw her alive on July 16, 1961
Death occurred at 12:05 A.M. July 17, 1961 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J A Ossman M D (Degree or title)
22b. ADDRESS Jefferson City, Mo.
22c. DATE SIGNED 7/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/19. 1961
23c. NAME OF CEMETERY OR CREMATORY Resurrection
23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

24. FUNERAL DIRECTOR Sylvester Duden ADDRESS J C MO.
25. DATE RECD. BY LOCAL REG. 21 July 1961
26. REGISTRAR'S SIGNATURE R P Morris MD - R Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

OCT 19 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 Sylvester Dreller

Licensed Embalmer No. 4321

P. O. Address Jefferson City Ho

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.