

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006025

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 13 1962

1. PLACE OF DEATH

a. COUNTY

DeKalb

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

OR TOWN

Amity Sherman Twp.

Length of stay in 1b

life

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

Family Home

Inside Limits

Yes ☐ No ☒

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

a. STATE Mo

b. COUNTY DeKalb

c. CITY

OR TOWN

Amity

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

11 Mi. N.W.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Joseph

Middle

Leslie

Last

Andrews

4. DATE OF DEATH

Month

2

Day

28

Year

62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-12-1887

74

9. AGE (last birthday)

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)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph Andrews

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Mary Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W.I

16. SOCIAL SECURITY NO.

496-44-5061

17. INFORMANT

Address

Mary Andrews

Amity 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)

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

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

10 days

43 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.

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 April 1942 to 2/28/62 and last saw him alive on 2/28/62
Death occurred at 10:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold Fowler M.D.

22b. ADDRESS

Maysville Mo

22c. DATE SIGNED

3/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-2-62

23c. NAME OF CEMETERY OR CREMATORY

Union Chappel

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

15 Mi West of Maysville

(State)

24. FUNERAL DIRECTOR

ADDRESS

John Brown Maysville Mo

25. DATE RECD. BY LOCAL REG.

Mar 6-1962

26. REGISTRAR'S SIGNATURE

Herbie E. Davidson

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1962

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

John Brown

Licensed Embalmer No.

3933

P. O. Address

Maysville, W.

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.