

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009550

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 57

VS 300
Rev. 4/59

1 1007

2 1007

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4 0

5 1

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7 0

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9 420.1

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11

12 1-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		c. CITY OR TOWN Sikeston MO	
Length of stay in 1b 20 MIN.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Hospital		d. STREET ADDRESS (If outside, give location) 804 S. MAIN	
3. NAME OF DECEASED (Type or print) First Jesse Middle FREDA Last ANDROS		4. DATE OF DEATH Month MARCH Day 7 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-12-1907
9. AGE (last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRY OPERATOR + PLUMBER	
11. BIRTHPLACE (City and state or country) NEW MADRID MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEO. LOUIS ANDROS		13b. MOTHER'S MAIDEN NAME ANNA BELLE CLEVELAND	
14. NAME OF HUSBAND OR WIFE RUBY L. ANDROS		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. 490-24-9670		17. INFORMANT Mrs Ruby L. Andros, Sikeston 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		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 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 Sikeston MO	
21. I attended the deceased from March 7, 1962 to March 7, 1962 and last saw her alive on March 7, 1962 Death occurred at 9:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Wm. C. Critchlow M.D.	
22b. ADDRESS Sikeston, MO		22c. DATE SIGNED March 7, 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-9-62	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) Sikeston MO
24. FUNERAL DIRECTOR Welch Funeral Home-Sikeston, MO		25. DATE RECD. BY LOCAL REG. March 8-1962	
26. REGISTRAR'S SIGNATURE Janette Wagoner		27. REGISTRAR'S SIGNATURE Pat. A.W.	

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1962

MAR 13 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

Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Lickston 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.