

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4024
-62-017922

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 46

1. PLACE OF DEATH

a. COUNTY Barry

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

Length of stay in 1b
3 months

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

Inside Limits
Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Barry

c. CITY OR TOWN Cassville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First WILLIAM Middle Andrews Last Andrews

4. DATE OF DEATH Month May Day 10, Year 1962

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH 6-16-1872

9. AGE (last birthday) 89

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY
farm

11. BIRTHPLACE (City and state or country)
Pennsylvania

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Ananias Andrews

13b. MOTHER'S MAIDEN NAME

Isabelle Andrews

14. NAME OF HUSBAND OR WIFE

Martha Jane 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. no

17. INFORMANT Address
Mrs. Bessie Painter-Cassville, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

1 month

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

DUE TO (b) Arteriosclerotic Heart Disease

5 yrs

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.

☐ 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 11:00 a.m. p.m. Month, Day, Year 5-10-62

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 1-5-62 to 5-10-62 and last saw him alive on 5-2-62
Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Stewart H. Johnson Sr.

22b. ADDRESS

Cassville, Missouri

22c. DATE SIGNED

5/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-13-1962

23c. NAME OF CEMETERY OR CREMATORY

Maplewood Cemetery

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

EXETER, Missouri

(State)

24. FUNERAL DIRECTOR

Culver's

ADDRESS

Cassville, Missouri

25. DATE RECD. BY LOCAL REG.

May 14-1962

26. REGISTRAR'S SIGNATURE

Grace Wellman

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 00:50

2 00:50

3 2

4 0

5 3

6

7 1

8 0

9 4200

10

11

12 86-2

13 1-0

Permit not obtained
A.W.

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.