

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-025934

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 51

<b>FILED JUL 23 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u> Length of stay in lb <u>18 Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gilbreath Rest Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
c. CITY OR TOWN <u>Liberal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>City</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Gail</u> Middle <u>T</u> Last <u>Andrews</u>	
4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-24-1884</u>
9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>
11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Charles R. Talbot</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah ANN Fiser</u>
14. NAME OF HUSBAND OR WIFE <u>Hubert Andrews</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>
17. INFORMANT Address <u>Mrs. Floyd Hamon Liberal, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure with Myocardial Coronary Thrombosis infarction</u>	
DUE TO (b) <u>Coronary Thrombosis infarction</u>	
DUE TO (c) <u>Arteriosclerosis Rheumatoid Arthritis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prolonged recumbency &amp; passive congestion</u>	
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 checked="" 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 COUNTY STATE	
21. I attended the deceased from <u>Jan. 4, 1946</u> to <u>July 14, 1962</u> and last saw her alive on <u>July 13, 1962</u>	
Death occurred at <u>3:35 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) <u>M. H. Knelland D.O.</u>	
22b. ADDRESS <u>Liberal, Mo.</u>	
22c. DATE SIGNED <u>7-14-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-16-62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Liberal City</u>	
23d. LOCATION (City, town, or county) (State) <u>Liberal Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>J. M. Berkey Michberry Ave</u>	25. DATE RECD. BY LOCAL REG. <u>July 16, 1962</u>
26. REGISTRAR'S SIGNATURE <u>Marie Korantz</u>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AS JUL 2 0 1962

Permit Issued July 16, 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 J. M. Beckey

Licensed Embalmer No. 2336

P. O. Address Mulberry Kans.

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.