

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-039230**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **160**

Primary Registration District No. **559v**

Registrar's No. **151**

**FILED NOV 15 1962**

**1. PLACE OF DEATH**

a. COUNTY

**Jefferson**

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN **Joachim**

Length of stay in 1b  
**5 months**

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Mountain View N. H.**

Inside Limits  
Yes ☐ No ☒

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

a. STATE **Mo.**

b. COUNTY **Washington**

c. CITY OR TOWN **Richwoods, Mo.**

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First

Middle

Last

**MARY**

**ELLEN**

**Andrup**

**4. DATE OF DEATH**

Month **Nov.** Day **3** Year **1962**

**5. SEX**

**Female**

**6. COLOR OR RACE**

**White**

**7. Married** ☐ **Never Married** ☐  
**Widowed** ☒ **Divorced** ☐

**8. DATE OF BIRTH**

**12-12-1877**

**9. AGE (last birthday)**

**84**

**IF UNDER 1 YEAR**

Months **0** Days **0** Hours **0** Min. **0**

**IF UNDER 24 HR**

Hours **0** Min. **0**

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

**Housewife**

**10b. KIND OF BUSINESS OR INDUSTRY**

**Home**

**11. BIRTHPLACE (City and state or country)**

**Richwoods, Mo.**

**12. CITIZEN OF WHAT COUNTRY**

**USA**

**13a. FATHER'S NAME**

**Peter Haynes**

**13b. MOTHER'S MAIDEN NAME**

**Laura Lewis**

**14. NAME OF HUSBAND OR WIFE**

**Charles Andrup (Dec'd)**

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

**No**

(If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**66666**

**17. INFORMANT**

**Augustus Haynes Richwoods, 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)**

**Carcinoma of Left Breast -**

**INTERVAL BETWEEN ONSET AND DEATH**

**About 15 Mo.**

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.**

☐ 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 **0** a.m. **0** 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** **6-5-62** **to** **11-3-62** **and last saw her alive on** **10-29-62**

**Death occurred at** **5:35** **A.M.** **on the date stated above, and to the best of my knowledge, from the causes stated.**

**22a. SIGNATURE**

(Degree or title)

**Dr. J. D. Smith M.D.**

**22b. ADDRESS**

**Crystal City, Mo.**

**22c. DATE SIGNED**

**11-3-62**

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

**Burial**

**23b. DATE**

**11-5-1962**

**23c. NAME OF CEMETERY OR CREMATORY**

**Horine**

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

**Richwoods, Mo.**

(State)

**24. FUNERAL DIRECTOR**

ADDRESS

**Mahn Funeral Home, Soto, Mo.**

**25. DATE RECD. BY LOCAL REG.**

**11-5-62**

**26. REGISTRAR'S SIGNATURE**

**[Signature]**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**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 Ronald J. Mahan

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.