

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041647

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1288
FILED NOV 19 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 28 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1516 Faraon St.		d. STREET ADDRESS (If outside, give location) 1516 Faraon St.	
3. NAME OF DECEASED (Type or print) First ALBE Middle MARLE Last ANDREWS		4. DATE OF DEATH Month November Day 14 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/17/1873
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) Retired Flagger		10b. KIND OF BUSINESS OR INDUSTRY C.G.W. Railroad	11. BIRTHPLACE (City and state or country) Bethany Missouri
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Frank Andrews	
13b. MOTHER'S MAIDEN NAME Unknown Lucille Griffith		14. NAME OF HUSBAND OR WIFE Deceased	
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. 	
17. INFORMANT Miss Virginia Andrews		Address 1516 Faraon St. St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac standstill			INTERVAL BETWEEN ONSET AND DEATH seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease			years
DUE TO (c) 			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Supraventricular tachycardia			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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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. 		20d. 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 Sept. 1962 to 11/14/62 and last saw him live on Sept 1962 Death occurred at 1:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Donald Stallard, M.D. (Degree or title)		22b. ADDRESS 902 Edmund St.	
22c. DATE SIGNED 11/15/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/17/62	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Joseph Missouri	
24. FUNERAL DIRECTOR Stamen Funeral Home ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 16, 1962	
26. REGISTRAR'S SIGNATURE Miss Clark Goodell			

USE BLACK INK OR TYPEWRITER RIBBON

D. Stallard, M.D.

DEC 27 1962

Permit issued 11/15/62

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.