

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046495  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1934

VS 300  
Rev. 4/59

DATE AMENDED

10397

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH JAN 8 1963  
a. COUNTY KEENE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO b. COUNTY WEBSTER

b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b  
OR TOWN SPRINGFIELD 27 DAYS

c. CITY OR TOWN MARSHFIELD Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) Inside Limits  
HOSPITAL OR INSTITUTION CONNELLY NURSING HOME Yes  No

d. STREET ADDRESS (If outside, give location) Reside on Farm  
309 E JEFFERSON Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
ESTELLA M ANDREWS DEC 30 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married   
Widowed  Divorced  8. DATE OF BIRTH 4-23-1881 9. AGE (last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  
HOUSEWIFE --- IOWA U.S.A

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE  
J.B. HARN DEN MARLISSA EDWARDS ---

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 Address MO  
JOHN E. ANDREWS MARSHFIELD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Pneumonia, dehydration INTERVAL BETWEEN ONSET AND DEATH 1 week  
DUE TO (b) Arteriosclerosis year  
DUE TO (c) ---

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

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 Month, Day, Year  
s.m. p.m.

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 Dec 5 1962 to Dec 30 1962 and last saw her alive on Dec 29, 1962  
Death occurred at 11:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED  
Louis E. Jorel M.D. 1500 E. Sunshine Springfield Mo 1-5-63

23a. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  
REMOVED 12-2-1962 MARSHFIELD MARSHFIELD MO

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
BARBER-EDWARDS MARSHFIELD 1-2-63 Effie E. Matton

Louis E JOREL  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit

Dec 31-1962

**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 *George Stoff*

Licensed Embalmer No. 3161

P. O. Address *Mr. Green 444*

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.