

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010790

STATE FILE NUMBER

Registration District No. 5-8 Primary Registration District No. 5216 Registrar's No. 7

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Van Buren		Length of stay in 1b 20 years	c. CITY OR TOWN Rt. 1 Fremont
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Van Buren Cliff Drug Missouri		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 5 miles north Fremont
3. NAME OF DECEASED (Type or print) Julius N.M.N. Andahl		4. DATE OF DEATH March 26, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH 1-8-1886
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 77
11. BIRTHPLACE (City and state or country) Maddock, North Dakota		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT Floyd Andahl		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 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 ☐ a.m. ☐ 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.) Dead on ground	
20f. CITY, TOWN, OR LOCATION Van Buren, Mo.		20g. COUNTY Van Buren	
20h. STATE Missouri		21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Coleman McSpadden		22b. ADDRESS Van Buren, Mo.	
22c. DATE SIGNED 3-26-63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-27-1963	
23c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery		23d. LOCATION (City, town, or county) Van Buren, Missouri	
24. FUNERAL DIRECTOR McSpadden		25. DATE RECD. BY LOCAL REG. Mar. 28-63	
26. REGISTRAR'S SIGNATURE Mrs Octa Henson		27. (State)	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

Allen C. McGee

Licensed Embalmer No.

4543

P. O. Address

Via Bureau, 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.