

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005306  
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Howell Twp.</b>		c. CITY OR TOWN <b>West Plains,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>residence</b>		d. STREET ADDRESS (If outside, give location) <b>Rover Route</b>	
3. NAME OF DECEASED (Type or print) First <b>Stella</b> Middle <b>Frances</b> Last <b>Andrews</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>12,</b> Year <b>1958</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 25, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Howell Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alfred King</b>		13b. MOTHER'S MAIDEN NAME <b>Mourning Batey</b>	
14. NAME OF HUSBAND OR WIFE <b>John Andrews</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service).	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>John Andrews, Rover Rt., W. Plains, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: <b>MYOCARDIAL INFARCTION</b> <b>CORONARY ARTERY ARTERIOSCLEROSIS</b> 4201 Conditions, if any, which give 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: <b>① HYPERTENSION, mild ② Trigeminal Neuralgia ③ Sensitivity</b>			INTERVAL BETWEEN ONSET AND DEATH: <b>30 min</b>
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 <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 <b>Oct 22 1954</b> to <b>2-12-58</b> and last saw her alive on <b>2-8-58</b> Death occurred at <b>5:30 pm 2-12-58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Jack N. Wiley, M.D.</b>		22b. ADDRESS <b>West Plains, Mo.</b>	
22c. DATE SIGNED <b>2-14-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>Feb. 14, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Elk Creek Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Howell Twp., Howell Co., Mo.</b>		24. FUNERAL DIRECTOR <b>Hal Shambugh</b>	
25. DATE RECD. BY LOCAL REG. <b>2-15-58</b>		26. REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 26 1958

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 Hal Thompson

Licensed Embalmer No. 340  
P. O. Address W. Plains

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.