

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAY 9 1955

State File No. **12689**

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Moniteau Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker	
c. LENGTH OF STAY (in this place) 5 Days			
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital		d. STREET ADDRESS (If rural, give location) 410 E. Main	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Andres			4. DATE OF DEATH (Month) (Day) (Year) Apr 15 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 7 1878		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 5 Days 8 IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry C. Andres		13b. MOTHER'S MAIDEN NAME Mary Pilgrem		14. NAME OF HUSBAND OR WIFE Sopha Ann Andres	
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. None		17. INFORMANT'S SIGNATURE OR NAME Raymond Andres, California, Mo.	
				ADDRESS California, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		20 years	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-1, 1955, to 4-15, 1955, that I last saw the deceased alive on 4-15, 1955, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lionel M. Gallagher M.D.		23b. ADDRESS California, Mo.		23c. DATE SIGNED 4-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/17/55		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
		24d. LOCATION (City, town, or county) (State) California, Mo			
DATE REC'D BY LOCAL REG. 4-18-55		REGISTRAR'S SIGNATURE H.P. Pappas 506		25. FUNERAL DIRECTOR'S SIGNATURE Earl Bonlin California Mo	
				ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
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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.

Signed _____

Jack H. Bowlin

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4933

P. O. Address _____

California, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.