

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0046542

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 69

FILED NOV 17 1966

1. PLACE OF DEATH

a. COUNTY

Moniteau

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN California, Mo

Length of stay in 1b

1 Year

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Latham Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Moniteau

c. CITY

OR TOWN California, Mo

Inside Limits

Yes ☐ No ☒

d. STREET (If outside, give location)

ADDRESS Rt # 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Ida

Middle

Marie

Last

Andres

4. DATE OF DEATH

Month

Nov

Day

11

Year

1966

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/16/88

9. AGE (last birthday)

78

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)

House Keeper

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Moniteau Co

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry C. Andres

13b. MOTHER'S MAIDEN NAME

Mary Pilgrim

14. NAME OF HUSBAND OR WIFE

None

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.

496-44-8075A

17. INFORMANT

Albert Andres-California, Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

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

DUE TO (b)

DUE TO (c)

Cerebral Hemorrhage
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 day
1 + yrs

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

a.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

California Moniteau Mo

21. I attended the deceased from

11-10-66

to 11-11-66

and last saw her alive on 11-11-66

Death occurred at

4/50

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. B. Zulch, M.D.

(Degree or title)

22b. ADDRESS

California, Mo

22c. DATE SIGNED

11-12-66

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/13/66

23c. NAME OF CEMETERY OR CREMATORY

Evangelical Cemetery

23d. LOCATION (City, town, or county)

California, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bowlin Funeral Home-California, Mo

25. DATE RECD. BY LOCAL REG.

11-12-66

26. REGISTRAR'S SIGNATURE

Helen J. Joppy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10681

20680

3

4 1

5 0

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9 331X

10

11

12 1-0

13 1-0

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 Jack H. Kocelin

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 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.