

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27803

State File No. \_\_\_\_\_

Registration District No. 255

Primary Registration District No. 5878

Registrar's No. 27

1. PLACE OF DEATH:

(a) County: Oregon County

(b) City or town: Thomasville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Murray  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9mo.  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Oregon

(c) City or town: Thomasville, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No.: Star Route  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Dorothy Lucille Andrews

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced, Infant

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: July 13 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 9 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Thomasville, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

11. Industry or business: \_\_\_\_\_

12. Name: L.E. Andrews

13. Birthplace: Thomasville, Mo.

14. Maiden name: Louise Fisher (State or foreign country)

15. Birthplace: Thomasville, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. L.E. Andrews

(b) Address: Thomasville, Mo. Star Rt.

17. (a) Burial (b) Date thereof: 4/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Union Hill

18. (a) Signature: Mrs. Hazel C. Thornburg  
(If funeral director, give name and address)

(b) Address: West Plains, Mo.

19. (a) 7/22 1942 (b) Thomas M. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year \_\_\_\_\_ hour \_\_\_\_\_ minute 20p. M.

21. I hereby certify that I attended the deceased from April 9<sup>th</sup> 1942 to April 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Brain pneumonia

Due to: Brain pneumonia due to cold

Due to: \_\_\_\_\_

Other conditions: 108  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify type of place)  
(e) Means of injury: \_\_\_\_\_

23. Signature: [Signature] (M. D. or other) \_\_\_\_\_  
Address: Waynesville, Mo. Date signed: 4-18-42

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

75  
090

1113

RECEIVED

District Health Officer No 5

District File Number ~~842756~~ 842643

Date Filed 8-20-42.

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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