

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12755

FILED MAY 12 1945

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

Registrar's No. 23

Registration District No. \_\_\_\_\_

Primary Registration District No. 3005

1. PLACE OF DEATH:

(a) County Bates County  
(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Butler Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community 3 years

3. (a) PRINT FULL NAME Dick J. Andrews

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jennie Andrews 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Feb 18 1859  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Polk Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

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

12. Name Richard G Andrews  
13. Birthplace Tennessee (City, town, or county) (State or foreign country)  
14. Maiden name Amanda Cates  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Blankenship

(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof May 1, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director J. Underwood

(b) Address Butler, Mo.

19. (a) May 1, 1945 (b) Pauline Cumpton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Butler (If outside city or town limits, write "RURAL")  
(d) Street No. 400 Fulton (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1945 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 10 1944 to Apr 29 1945  
that I last saw him alive on Apr 29 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of prostate  
Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations 516  
Of autopsy \_\_\_\_\_  
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 L. S. Laffan (M. D. or other) M.D.  
Address Butler, Mo. Date signed 4/30/45

(Licensed Embalmer's Statement on Reverse Side)

1360

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

MOTHER FATHER

RECEIVED  
April No. 7,

District File #

Date Filed

4-4-387

5-8-45

### 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

*John G. Underwood*

Licensed Embalmer No. 3585

P. O. Address *Butler 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 this body is not embalmed, fact should be so stated above.**