

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19226

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>5466</b>		Registrar's No. <b>473-A</b>	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>POIK</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural—South Campbell Twp.</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>DUNNEGAN</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1/2 mile South of Dunnegan, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b> b. (Middle) <b>JANE</b> c. (Last) <b>ANDREWS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 28 1949</b>				
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>SEPT 19, 1879</b>	
9. AGE (In years) (Months) (Days) (Hours) (Mins.) <b>69 8 9</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FOR SELF</b>		11. BIRTHPLACE (State or foreign country) <b>JACKSON COUNTY, MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>L. D. CHIDERS</b>		13b. MOTHER'S MAIDEN NAME <b>MARIA C. GAIBREATH</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES ANDREWS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. LINDA CORDER, Dunnegan, Mo.</b>			
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) <b>Myocardial Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cholecystectomy</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>SEIX</b>					
19a. DATE OF OPERATION <b>5/27/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cholelithiasis</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>5-25</b> , 1949, to <b>5-28</b> , 1949, that I last saw the deceased alive on <b>5-28</b> , 1949, and that death occurred at <b>1:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>R. C. Michael, D.O.</b>				23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>5/28/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 1, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery, Bolivar, Missouri</b>		24d. LOCATION (City, town, or county) (State) <b>Bolivar, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6/6/49</b>		REGISTRAR'S SIGNATURE <b>W. E. Handley, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>K. E. Smith &amp; Blue, Bolivar, Mo.</b>			

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

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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.....  
Student Embalmer

Signed

*Chy Justice*

..... Licensed Embalmer No. *4154*

..... P. O. Address *Bolivar, 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.