No. 300
30.48

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

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42139

State File No.

BIRTH NO. REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6042 Registrar's No.

1. PLACE OF DEATH

a. COUNTY Ripley

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural - Varner

c. LENGTH OF STAY (In this place) 8 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mile South of Oxly

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

a. STATE Mo. b. COUNTY Ripley

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Varner

d. STREET ADDRESS (If rural, give location) L mile South of Oxly

3. NAME OF DECEASED (Type or Print) a. (First) Carolyn b. (Middle) Scott c. (Last) Andrews

4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 1949

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 6, 1863

9. AGE (In years last Birthday) 86 IF UNDER 1 YEAR Months 0 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Desha Co. Ark

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Richard Watkins

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE William Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Andrews Oxly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 8 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIsignificant CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

151X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1948, *to* 16 Nov., 1949, *that I last saw the deceased alive on* 15 Nov., 1949, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] M.D. (Degree or title)

23b. ADDRESS Doniphan, Mo.

23c. DATE SIGNED 26 Nov. 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 18, 1949

24c. NAME OF CEMETERY OR CREMATORY Oxly Catholic

24d. LOCATION (City, town, or county) (State) Oxly Mo.

DATE REC'D BY LOCAL REG. 12-22-49

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-3-50
District Health Officer No. 5,
District File Number 150 5
Date Filed 1-6-50

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 .....
Student Embalmer

Signed Layson McCord
Licensed Embalmer No. 4079
P. O. Address Naylor, Mo.

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

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