

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 1 1950

S. No. 300
V. 10.48

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

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RALLS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>6 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGIA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>ANDREW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 16 1950</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED; NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 21 1920</u>		9. AGE (In years last birthday) Months Days <u>29</u>		10. IF UNDER 1 YEAR Days 11. IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>RALLS Co., MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
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13a. FATHER'S NAME <u>BART GRIFFIN</u>			13b. MOTHER'S MAIDEN NAME <u>FLOSSIE EPPERSON</u>			14. NAME OF HUSBAND OR WIFE <u>EUGENE ANDREW</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bart Griffin New Boston</u>			
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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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest pending</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last... DUE TO (b) <u>Death due to burns</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>27:00</u> <u>16</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in her home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ralls, Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>2-15-50 6:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Started fire in stove with Gasoline</u>	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:50 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Crawford Smith</u>		23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>2-17-50</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>1)</u>		24b. DATE <u>FEB. 18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRAND VIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HANNIBAL MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>2-17-50</u>		REGISTRAR'S SIGNATURE <u>H. C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fields & Son Frankford, Mo.</u>	
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RECEIVED FEB 24 1950
STATE DEPT. OF HEALTH
DATE FILED FEB 27 1950

APR 12 1952

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 Michael J. O'Connell

Licensed Embalmer No. 3296

P. O. Address Hannibal 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.