No. 300
10-46

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11609

BIRTH NO. _____ REG. DIST. NO. 933 PRIMARY REG. DIST. NO. 6115 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 6113
c. LENGTH OF STAY (In this place): 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bill Baker's Farm RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 6113 RFD 1 Box 6
d. STREET ADDRESS (If rural, give location): Bill Baker's Farm RFD

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

4. DATE OF DEATH: (Month) (Day) (Year): Mar 13 - 1950

5. SEX: Male

6. COLOR OR RACE: Colord

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/17/1878

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Mckenton Co. Miss. 1

12. CITIZEN OF WHAT COUNTRY?: USsA.

13a. FATHER'S NAME: John Andrews

13b. MOTHER'S MAIDEN NAME: Cathy Giles

14. NAME OF HUSBAND OR WIFE: Emma Andrews

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

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Johnie Andrews Scooba Miss.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 3 days
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

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* 3 Mar, 1950, *to* 13 Mar, 1950, *that I last saw the deceased alive on* 13 Mar, 1950, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H.B. Throgmorton (Degree or title) M.D.
23b. ADDRESS: Dekalb, Mo
23c. DATE SIGNED: 17-Mar 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/18/50
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Scooba Miss.

DATE REC'D BY LOCAL REG.: Mar. 17-50
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Welsh Funeral Home Dekalb Miss

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 9 1
District Health Office
District File Number 35
Date Filed

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Linneston Mo

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

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