

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14089

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5949 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osborne (Rural)</u>	c. LENGTH OF STAY (In this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	<u>Osborne</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>B.B. Springs Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>B.B. Springs Rest Home</u>	

3. NAME OF DECEASED (Type or Print) <u>SARAH E. L. HENDERSON ANDREWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>12-18-1862</u>		9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Samuel Andrews</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Tracy Noe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Andrews</u>	
				ADDRESS <u>Tracy Noe</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of common bile duct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 mos.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mistakes to liver</u>		

19a. DATE OF OPERATION <u>November 7</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of liver & bladder - carcinoma common bile duct</u>		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Cirrhosis of liver & bladder - carcinoma common bile duct</u>		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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan, 1949, to April 30, 1950, that I last saw the deceased alive on April 30, 1950, and that death occurred at 6:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>And M. Hunter, M.D.</u>		23b. ADDRESS <u>Boxing Gym, Mo</u>		23c. DATE SIGNED <u>May 2, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tracy Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Tracy Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>		ADDRESS <u>Tracy Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-5-50</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		254	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 10 1950
District Health Officer No.
District File Number 5-50-8
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.

Signed Wayne M. E. Coy

Signed
Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Tray 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.