

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1950

State File No. 15859

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 152	
1. PLACE OF DEATH a. COUNTY <b>BOONE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JOHNSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLUMBIA</b>		c. LENGTH OF STAY (in this place) <b>5 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHILHOWEE</b> <b>0510</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ELLIS FISCHER ST. CANCER</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GENE</b>		b. (Middle) <b>TULL</b>		c. (Last) <b>ANDREW</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-13-1950</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del> <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>5-7-1873</b>	
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>KENTUCKY</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES ANDREW</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY ANDREW</b>		14. NAME OF HUSBAND OR WIFE <b>ALICE ANDREW</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>UNRECORDED</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HOSPITAL RECORDS</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>Cardiac Failure</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Abdominal Pain Cause</b> DUE TO (c) <b>UNKNOWN</b>  II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>  <b>3 mos</b>  <b>7824</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>8 MAY</b> , 19 <b>50</b> , to <b>13 MAY</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>13 MAY</b> , 19 <b>50</b> , and that death occurred at <b>11:45</b> Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Jerry H. Allen M.D.</b>				23b. ADDRESS <b>Ellis Fischer State Cancer</b>		23c. DATE SIGNED <b>13 May '50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>5-13-1950</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>CHILHOWEE, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>May 13 1950</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>		31		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barber Funeral Service, Columbia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MAY 22 1950  
District Health Officer No. 9,  
District File Number

### 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

*W. S. McIntire*

Licensed Embalmer No. *3899*

P. O. Address *Calumet, 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.