

FILED MAY 24 1950

STANDARD CERTIFICATE OF DEATH

19131
 State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Nevada</u> <u>1087</u>	
c. LENGTH OF STAY (in this place) <u>23 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>708 West Hunter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 West Hunter</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Andrews</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1950</u>
--	---------------------------	-----------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED. <u>Married</u> (Specify)	8. DATE OF BIRTH <u>March 16 - 1868</u>	9. AGE (In years last birthday) <u>82</u>	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) <u>Employer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanics</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Ben Andrews</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Adah Andrews</u>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. H. Andrews</u>	ADDRESS <u>708 West Hunter Nevada, Mo.</u>
--	-------------------------------------	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis and arterial hypertension.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None.</u>	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) (Min.) _____	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 May 27, 1938 to April 18, 1950, that I last saw the deceased alive on April 18, 1950, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rolla B. Payne</u> (Degree or title)	23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	23c. DATE SIGNED <u>5/15/50</u>
--	---	---------------------------------

24a. BURIAL (Specify) _____	24b. DATE <u>April 20, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seepmans Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
-----------------------------	---------------------------------	---	--

DATE REC'D BY LOCAL REG <u>May 16, 50</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Vance</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry Seepmans</u>	ADDRESS <u>None</u>
---	---	--	---------------------

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

1087

RECEIVED 5-22-50
District Health Officer No. 7
District File Number 4-50-543
Date Filed 5-28-50

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 L. B. Terry

Licensed Embalmer No. 1760

P. O. Address Nevada NV

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.