

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33364

State File No.

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5545 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pleasant</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boonslick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles south of Glasgow</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mile east of Lisbon</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>(Maupin)</u> c. (Last) <u>Andrews</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 4, 1860</u>
9. AGE (In years last birthday) <u>90</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Milton Maupin</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ferrell</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert T. Andrews</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Vernal Andrews</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>Glasgow Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Hypostatic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart failure</u>		<u>2 wks</u>	
DUE TO (c) <u>Arteriosclerotic H. D.</u>		<u>20 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4200</u>	
19a. DATE 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) (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 <u>Aug 1949</u> , to <u>Oct 1950</u> , that I last saw the deceased alive on <u>Oct 5, 1950</u> , and that death occurred at <u>7 H. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Sam Ransom</u>		23b. ADDRESS <u>Glasgow Mo</u>	
23c. DATE SIGNED <u>10-7-50</u>		24a. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
24b. LOCATION (City, town, or county) (State) <u>Lisbon Mo.</u>		24c. DATE <u>Oct. 8, 1950</u>	
DATE REC'D BY LOCAL REG <u>Oct. 8, 1950</u>		REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	
410		25. FUNERAL DIRECTOR'S SIGNATURE <u>Audsley-Siemons</u>	
ADDRESS <u>Glasgow Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11/9/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11/9/50

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed Ed. Triemont
Student Embalmer No. _____

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.