

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43554**

FILED JAN 17 1951

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4334 Registrar's No. 2

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| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u> | | c. LENGTH OF STAY (In this place) <u>6 days</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>Bismarck</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's of the Ozarks</u> | | | |

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|---|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>OTIS</u> c. (Last) <u>ANDREWS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20 1950</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Mar. 20 1878</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>news paper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Iron County Mo. 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Samuel Andrews</u> | 13b. MOTHER'S MAIDEN NAME <u>Sophia Miller</u> | 14. NAME OF HUSBAND OR WIFE |
|---|---|-----------------------------|

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|---|--------------------------------------|---|
| 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>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edgar Hill, Bismarck Mo.</u> |
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| 18a. 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>?</u> <u>1 wk.</u> <u>3 1/2 X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) <u>acute nephritis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|--|--|----------------------------|
| 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 12-14, 1950, to 12-20, 1950, that I last saw the deceased alive on 12-20, 1950, and that death occurred at 8:07P m., from the causes and on the date stated above.

| | | |
|--|---|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>J. E. Farland</u> | 23b. ADDRESS <u>110 Ironton, Mo.</u> | 23c. DATE SIGNED <u>12-26-50</u> |
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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-22-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Bismarck Missouri</u> |
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| | | |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Jan. 11, 1951</u> | REGISTRAR'S SIGNATURE <u>Mrs. Anna Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White & Hill Funeral Home, Bismarck</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

0470
0

0940

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.

JAN 19 1951

JAN 26 1951

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 *Lyle H. White*
Licensed Embalmer No. *4295*

P. O. Address *Monticello, 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.