

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4612

State File No.

BIRTH NO.		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>302</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u> c. LENGTH OF STAY (in this place) <u>16 yrs</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mary J. Burns Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u> <u>0463</u> d. STREET ADDRESS (If rural, give location) <u>221 Leyda</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROSA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>ANDREWS</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u> (Day) <u>2</u> (Year) <u>1951</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>Dec. 13, 1872</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Fairfield, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Andrews</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jim Watson, West Plains, Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Senility without dementia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>490X</u> <u>year.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/22</u> , 19 <u>51</u> , to <u>2/3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/31</u> , 19 <u>51</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Virgil D. Bailey</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>107 Walnut West Plains Mo.</u>		23c. DATE SIGNED <u>2/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Feb. 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-13-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hal Thompson, W. Plains, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1967

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

Hal Thompson

Licensed Embalmer No. 3408

P. O. Address

W. Plains, 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.