

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7470

BIRTH NO.		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 5096		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Calhoun			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Mt. Pleasant.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manson		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #4 Butler, Mo.				d. STREET ADDRESS (If rural, give location) R.F.D.			
3. NAME OF DECEASED (Type or Print) John		a. (First) Martin		c. (Last) Andrews		4. DATE OF DEATH (Month) (Day) (Year) 3 - 31 - 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-12-1881	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Geo. Andrews		13b. MOTHER'S MAIDEN NAME Josephine Ehlaus		14. NAME OF HUSBAND OR WIFE Elsie Ella Andrews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Ella Andrews R.F.D. Butler, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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 March 31, 1951, to March 31, 1951, that I last saw the deceased alive on March 31, 1951, and that death occurred at 10:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles A. Lusk Jr. M.D. State Lk. Bldg. Butler, Mo.				23b. ADDRESS		23c. DATE SIGNED 4/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-1-51		24c. NAME OF CEMETERY OR CREMATORY Knierim Cemetery		24d. LOCATION (City, town, or county) (State) Knierim, Iowa	
DATE REC'D BY LOCAL REG. APR 4-1951		REGISTRAR'S SIGNATURE Randall Korny		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver-Underwood - Butler, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

4-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-10-51

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 Embalmer No.

Signed

Robert D. Steinbeck

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.