

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 30 1951 STANDARD CERTIFICATE OF DEATH

State File No. 15406

120

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

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>MARSHFIELD</u> c. LENGTH OF STAY (in this place) <u>45 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD</u> <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARSHFIELD</u>		d. STREET ADDRESS (If rural, give location) <u>MARSHFIELD</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>MONROE</u> c. (Last) <u>ANDREWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 25, 1875</u>
9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT</u>	11. BIRTHPLACE (State or foreign country) <u>RIPLEY CO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALFRED ANDREWS</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA HUTCHESON</u>	14. NAME OF HUSBAND OR WIFE <u>ESTELLA ANDREWS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN ANDREWS</u> <u>SAME</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neoplasm, Intraabdominal, Intestinal. Not diag. as to type.</u> ANTECEDENT CAUSES <u>153X</u> Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Had Ing. hernia. Also operation several years before for intest. obstruction.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cause not recorded.</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) 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 <u>March 1, 1951</u> to <u>4-12-</u> 19 <u>51</u> , that I last saw the deceased alive on <u>April 10, 1951</u> , and that death occurred at <u>1:05A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C.R. Macdonnell, M.D.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>Apr. 12, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO.</u>
DATE REC'D BY LOCAL REG. <u>4-17-51</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u> <u>392</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARBER-BARTO</u> <u>MARSHFIELD</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 23 1951

Dist. File 437-871

Date Filed 4-24-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4560P

P. O. Address Marshall, 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.