

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

41440

BIRTH NO.		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"R" Howell Twp.</u>		c. LENGTH OF STAY (in this place) <u>43 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Howell Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>W. Plains, Mo. Rover Rt.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Yes.</u>							
3. NAME OF DECEASED (Type or Print) <u>NEWTON</u>		a. (First)		b. (Middle) <u>JONES</u>		c. (Last) <u>ANDREWS</u>	
4. DATE OF DEATH <u>Nov. 28, 1951</u>		(Month)		(Day)		(Year)	
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>Aug. 1, 1872</u>	
9. AGE (in years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Francois Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Henry Andrews</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Banta</u>		14. NAME OF HUSBAND OR WIFE <u>Cynthia E. Rouintree 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 <u>Mrs. N.J. Andrews</u> ADDRESS <u>W. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2 WEEKS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7865</u>				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) (Minute)		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>Nov 15, 1951</u> , to <u>Nov 28, 1951</u> , that I last saw the deceased alive on <u>Nov 22, 1951</u> , and that death occurred at <u>8: a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert H. Smith, M.D.</u>				23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>1 Dec 1951</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 30, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elk Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Howell County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-6-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Thompson</u> ADDRESS <u>W. Plains, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED | DEC 10 1951

Dist. File 1237-3482

Date Filed 12-11-51

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, only

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.