No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15059

State File No.

FILED APR 27 1953

BIRTH NO. REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Moreau Twp
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Mi. East of Versailles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Moreau Twp
d. STREET ADDRESS (If rural, give location): 6 Mi. E. of Versailles

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): M.
c. (Last): ANDREWS

4. DATE OF DEATH (Month) (Day) (Year): Apr 21 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 24 1873
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months: 2 Days: 28
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and State or Foreign Country): Moniteau County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Geo. Andrews
13b. MOTHER'S MAIDEN NAME: Martha Collins
14. NAME OF HUSBAND OR WIFE: Rosa Kidwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs W.M. Andrews
ADDRESS: Barnett 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — KNOWN 1 Month
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4/20/
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, 1953, *to* April, 1953, *that I last saw the deceased alive on* April 20, 1953 *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Gunn M.D.
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 4-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 23-53
24c. NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery
24d. LOCATION (City, town, or county) (State): Morgan County, Mo

DATE REC'D BY LOCAL REG.: Apr 24-1953
REGISTRAR'S SIGNATURE: J. L. Washburn, M.D. 214-6
per Dino Fidanza, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. Kidwell
ADDRESS: Versailles, Mo

(Undertaker's Statement on Reverse Side)

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

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 Gene R. Barton

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.