.S. No. 300
iv. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38900

BIRTH NO. 77599 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 103

0451

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

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette
c. LENGTH OF STAY (in this place) 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville
d. STREET ADDRESS (If rural, give location) Mo Training School

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3. NAME OF DECEASED (Type or Print)
a. (First) Larry
b. (Middle) Dean
c. (Last) Andrews

4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov. 21, 1953
9. AGE (In years last birthday) ----- IF UNDER 1 YEAR Months --- Days --- IF UNDER 24 HRS. Hours --- Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked
10b. KIND OF BUSINESS OR INDUSTRY -------
11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Vernal Dean Andrews
13b. MOTHER'S MAIDEN NAME Marjorie Coker
14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ------
17. INFORMANT'S SIGNATURE OR NAME Vernal D. Andrews
ADDRESS Boonville, 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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 2½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Defective placenta
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
20. AUTOPSY? YES ☐ NO ☐

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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* Nov 21, 1953, *to* Nov. 22, 1953, *that I last saw the deceased alive on* 11-21, 1953, *and that death occurred at* 2:-A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm J. Shaw
23b. ADDRESS Fayette Mo
23c. DATE SIGNED 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/21/53
24c. NAME OF CEMETERY OR CREMATORY Richland Cemetery
24d. LOCATION (City, town, or county) Howard Co. (State) Mo

DATE REC'D BY LOCAL REG. 11-23-53
REGISTRAR'S SIGNATURE Mary K. Shell 436
25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr
ADDRESS Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, ~~or by~~ .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.