

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8168**

BIRTH NO. _____ REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **4173** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava 0340	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Franklin Ford b. (Middle) Andrews c. (Last) Andrews			4. DATE OF DEATH (Month) (Day) (Year) 2-28-54			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-30-74	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ava, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mike Andrews		13b. MOTHER'S MAIDEN NAME Artamissa Law		14. NAME OF HUSBAND OR WIFE Alice Andrews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Rosco Spunlock, Ava, Missouri	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wrennie Cory		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 220/140			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592x		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9: A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE M. C. Hendry M.D. (Degree or title)		23b. ADDRESS Ava Mo		23c. DATE SIGNED 3-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor	
24d. LOCATION (City, town, or county) (State) Ava, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.			
DATE REC'D BY LOCAL REG. 4-9-54		REGISTRAR'S SIGNATURE Ustiel Bushman			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

340

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..... *Christie A Roof*

Licensed Embalmer No..... *3048*

P. O. Address *Ara 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.