

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

23896

State File No. _____

FILED JUL 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>276</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>10 weeks</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>710 West 7th</u> <u>680%</u>			
3. NAME OF DECEASED (Type or Print) <u>FLORA</u>		a. (First) <u>M.</u>		b. (Middle) <u>Andrews</u>		c. (Last) <u>Andrews</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Nov. 30 1875</u>		9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>78</u>		11. DAYS <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William S. Mackey</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah M. Laughlin</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis P. Andrews</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lewis P. Andrews Jr.</u>		ADDRESS <u>Kansas City</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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis of skeleton and abdominal organs</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) <u>Carcinoma of breast</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 years</u>	
19a. DATE OF OPERATION <u>1930-1942</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of one breast removed in 1930 - other breast in 1942</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) _____		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 <u>23</u> , to <u>July 22, 1954</u> , that I last saw the deceased alive on <u>July 22, 1954</u> , and that death occurred at <u>3:00 P. M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>L. L. Walter</u> (Degree or title) <u>Mo</u>		23b. ADDRESS <u>Sedalia Mo</u>	
23c. DATE SIGNED <u>July 23 54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		DATE REC'D BY LOCAL REG. <u>JUL 26 1954</u>		REGISTRAR'S SIGNATURE <u>Byrd G. Snider</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. Laughlin</u> ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 5 1962

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 315

P.O. Address Sadala

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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