

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-018912
State File No.

FILED MAY 26 1958

REG. DIST. NO.

179

PRIMARY REG. DIST. NO.

4288

Registrar's No.

115

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow Mills MO.</u> c. LENGTH OF STAY (in this place) <u>1 1/2 Yr.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wells Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> c. CITY OR TOWN <u>Troy</u> <u>0570</u> d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ e. STREET ADDRESS (If rural, give location) <u>5 miles east of Troy MO.</u>	
3. NAME OF DECEASED (Type or Print) <u>SARAH JANE ANDREWS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1958</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>Oct. 31, 1872</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Troy MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. MOTHER'S MAIDEN NAME <u>Liza Jane McMahan</u>	
14. NAME OF HUSBAND OR WIFE <u>Samuel Andrews</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Andrews</u> ADDRESS <u>Troy 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infermites of age.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Fractured hips</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
22. I hereby certify that I attended the deceased from <u>Apr 4</u> , 19 <u>58</u> to <u>May 1, 1958</u> , that I last saw the deceased alive on <u>Mar 5</u> , 19 <u>58</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. L. Kelley</u>		23b. ADDRESS <u>D.O. 2 Troy MO</u>	
23c. DATE SIGNED <u>5-3-58</u>		24a. LOCATION (City, town, or county) (State) <u>Lincoln County MO</u>	
24b. DATE <u>May 2, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clark Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lincoln County MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. McGee</u> ADDRESS <u>Troy MO</u>	
DATE REC'D BY LOCAL REG. <u>May 21-1958</u>		REGISTRAR'S SIGNATURE <u>Charlotte Leek</u> DEPUTY <u>DEPUTY</u>	
(Licensed Embalmer'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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3586

P. O. Address. Tracy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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