

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **195**

FILED JAN 23 1950

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **51**

0117

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 8 yrs.		d. STREET ADDRESS (If rural, give location) 515 East Colorado Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 515 East Colorado Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Ive b. (Middle) Guy c. (Last) Andrews	4. DATE OF DEATH (Month) Jan. (Day) 17, (Year) 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1887	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months 4 Days 22	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Crossing Flagman, C. B. & Q. R. R.	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (State or foreign country) Maysville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Not known	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Pearl Andrews
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 707-09-2944	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Andrews, 515 E. Colorado Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		725x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (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 **Dec. 15, 49**, to **Jan. 17, 1950**, that I last saw the deceased alive on **Dec. 15, 1950**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. R. Elliott (Deputy or title)	23b. ADDRESS 801 1/2 Francis, St. Joseph, Mo.	23c. DATE SIGNED 1-18-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 19, 50	24c. NAME OF CEMETERY OR CREMATORY Mt. Muncy Cemetery	24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas
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DATE REC'D BY LOCAL REG. Jan. 18, 1950	REGISTRAR'S SIGNATURE G. B. Jenkins	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Earl A. Clark 120 Illinois Ave.
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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.

Signed *Earl A. Clark*

Signed _____
Student Embalmer

Licensed Embalmer No. 4235

P. O. Address *S. J. Lynch*

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.