

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

FILED DEC 18 1951

BIRTH NO.		REG. DIST. NO. 57	PRIMARY REG. DIST. NO. 5202	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Eugene Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Eugene Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0113</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANDREW</u>	b. (Middle) <u>E.</u>	c. (Last) <u>ENGLAND</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1951</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct. 23, 1873</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired, Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>James G. England</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Trivett</u>		14. NAME OF HUSBAND OR WIFE <u>Bell Frank</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Delbert Carroll</u>
17. ADDRESS <u>Carrollton, Mo</u>		MEDICAL CERTIFICATION		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
		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 <u>334x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Nov 1</u> , 19 <u>4</u> , to <u>Dec 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 10</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. L. Feter, D.O.</u>		23b. ADDRESS <u>Brunswick, Mo</u>		23c. DATE SIGNED <u>Dec 11, 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Poplar Log Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Cave City Kentucky</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		
24f. ADDRESS <u>Carrollton, Mo</u>		24g. REGISTRAR'S SIGNATURE <u>Pearl Koch</u>		
24h. DATE REC'D BY LOCAL REG. <u>12-13-51</u>		24i. 47		

(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
Student Embalmer

Signed *William R. Koch*.....

Licensed Embalmer No. *4757*

P. O. Address *Carrollton, Miss.*

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.