

THE DIVISION OF HEALTH OF MISSOURI

FILED MAR 15 1950 STANDARD CERTIFICATE OF DEATH

State File No. 5441

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Princeton</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Princeton, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>May</u> c. (Last) <u>Clark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 26 50</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>Aug. 16, 1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Goshen, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Charles Mullins</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Powell</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Denison</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A. E. Denison</u>	ADDRESS
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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, ashenia, 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) <u>hyperstatic pneumonia</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fracture of surgical neck R. femur</u>		<u>5 days</u>
DUE TO (c) XXXXXX		<u>10 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic Bronchitis</u>		<u>10 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Princeton Mercer Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 21 50 6P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>tripped over extension on foot of bed.</u>
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22. I hereby certify that I attended the deceased from 2-21-50, 19 , to 2-26-50, 19 , that I last saw the deceased alive on -2-26-50, 19 , and that death occurred at 4A. M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Royon Z. Axtell D.K.O.</u>	23b. ADDRESS <u>Princeton, Mo.</u>	23c. DATE SIGNED <u>3-9-50</u>
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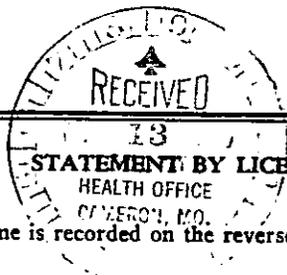
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Goshen Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-11-50</u>	REGISTRAR'S SIGNATURE <u>M. J. Ruth</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>393 Martin Funeral Home</u>	ADDRESS <u>Princeton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

650
No. 300
10.48



STATEMENT BY LICENSED EMBALMER

HEALTH OFFICE
CAMERON, MO.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Gene Y. Speller

Signed
Student Embalmer

Licensed Embalmer No. 4783

P. O. Address Beaumont 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.