

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 28 1950 STANDARD CERTIFICATE OF DEATH

State File No. **9722**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4352** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 N. Campbell		d. STREET ADDRESS (If rural, give location) 310 N. Campbell	
3. NAME OF DECEASED (Type or Print) a. (First) Lottie b. (Middle) Ostran c. (Last) Ross		4. DATE OF DEATH (Month) (Day) (Year) March 21, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 7, 1873
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 7 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Springfield, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Peter Ostran	
13b. MOTHER'S MAIDEN NAME Martha Coddington		14. NAME OF HUSBAND OR WIFE Dr. H. M. Ross	
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. None	
17. INFORMANT'S SIGNATURE OR NAME H. S. Ostran		ADDRESS 1329 Ruberta Glendale	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) glomerular Nephritis & Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) Arteriosclerosis 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	
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) m.		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 Feb 10, 1950 , to Mar 21, 1950 that I last saw the deceased alive on March 20, 1950 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE J. L. Washburn (Degree or title)		23b. ADDRESS Mrs Versailles, Mo	
23c. DATE SIGNED 3/24/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE March 22-50		24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	
24d. LOCATION (City, town, or county) (State) Versailles, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Versailles, Mo.	
DATE REC'D BY LOCAL REG. Mar. 24. 1950		REGISTRAR'S SIGNATURE J. L. Washburn	

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

5710

RECEIVED

District Health Officer No. 7;

District File Number 2-50-270

Date Filed 3-27-50

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

Raymond C. Linder
Licensed Embalmer No. 4626

P. O. Address Versailles, 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.