

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16559**

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Franklin, Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lone Dell, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lone Dell, Mo.</u> <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosie Lee Emmons</u>		d. STREET ADDRESS (If rural, give location) <u>St. Clair, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rosie</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Emmons</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>2</u> <u>1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 1, 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin, Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>Whitaker Thurmand</u>	13b. MOTHER'S MAIDEN NAME <u>Sarch Moore</u>	14. NAME OF HUSBAND OR WIFE
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold S. Muller</u>	ADDRESS <u>St. Clair, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2:30 PM</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS & COMPLETE SMALL BOWEL OBSTR.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CA. of cervix</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>152X</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from out, 1948, to MAY 2, 1950, that I last saw the deceased alive on Apr 25, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Paul, M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Clair, Mo</u>	23c. DATE SIGNED <u>5-4-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lone Dell, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-4-50</u>	REGISTRAR'S SIGNATURE <u>R. L. Worthington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shemuel W. Kitchell</u>	ADDRESS <u>St. Clair, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

360
1

District File Number _____

District Health Officer No. 91

RECEIVED JUN 7 1968

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 _____

Sheldon W. Kitchell

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3873

P. O. Address _____

St. Clair, 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.