

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7936
Registrar's No. 30

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5356

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Long Lane Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Long Lane Rural</u>	
c. LENGTH OF STAY (Specify place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0300 A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>JANE</u> c. (Last) <u>CHRISTIAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-23-1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-28-1886</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>64 5 23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Small</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wash Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>George Christian, Long Lane</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic heart disease</u> ANTECEDENT CAUSES <u>Hypertension</u> 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) <u>No Cause determined</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>15 years</u>	
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)		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 Jan, 1950, to Feb, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. P. Plummer M.D.</u>		23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>3-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-25-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pisgah</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>					

DATE REC'D BY LOCAL REG. <u>3/19/51</u>		REGISTRAR'S SIGNATURE <u>Miss J. B. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>L B force Buffalo Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300

~~DIVISION OF HEALTH OF MO.
District No. 5 - Springfield~~

~~RECEIVED MAR 20 1951~~

~~Dist. File _____~~

~~Date Filed _____~~

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 27 1951

Dist. File 331-672

Date Filed 3-28-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Mavis B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.