

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

State File No. **23921**

No. 300
10.48

FILED JUL 19 1951

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5883 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonnots Mill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonnots Mill.</u> <u>0760</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Osage River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in Osage River</u>			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) E c. (Last) Rambo **4. DATE OF DEATH** (Month) June (Day) 29th (Year) 1951

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Divorced 3 **8. DATE OF BIRTH** May 27th, 1877 **9. AGE** (In years last birthday) 74 Months 1 Days 2 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman **10b. KIND OF BUSINESS OR INDUSTRY** Fishing **11. BIRTHPLACE** (State or foreign country) Warren County Illinois **12. CITIZEN OF WHAT COUNTRY?** U S A

13a. FATHER'S NAME Unknown **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** _____

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.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Antone Backes **ADDRESS** Bonnots Mill, Mo.

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>Accidental Drowning in Osage River</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Osage River **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** Bonnots Mill, Osage Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 29, 1951 m. **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** Drowning in Osage River

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] **(Degree or title)** 3 Coroner **23b. ADDRESS** Box 255, Linn, Mo. **23c. DATE SIGNED** 7/9/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** 7-9-1951 **24c. NAME OF CEMETERY OR CREMATORY** Verdot Cemetary **24d. LOCATION (City, town, or county) (State)** Bonnots Mill, Mo.

DATE REC'D BY LOCAL REG. July 12-1951 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **ADDRESS** Morvon Funeral Home . Linn, Mo.

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

160
3

RECEIVED

JUL 17 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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

NOT EMBALMED

Signed

Vernon M. Weston

Licensed Embalmer No.

4125

P. O. Address

Linn 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.