

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35217**

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5166** Registrar's No. **354**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) JACKSON TWP.	c. LENGTH OF STAY (In this place) 10yrs	c. CITY OR TOWN AUXVASSE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.O. Auxvasse		e. STREET ADDRESS (If rural, give location) R.F.D. 1	

3. NAME OF DECEASED (Type or Print) a. (First) Rose	b. (Middle) IDELLA	c. (Last) WINN	4. DATE OF DEATH (Month) (Day) (Year) OCT 25, 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 13, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and State or Foreign Country) STURGEON MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME FRANCIS SIMS	13b. MOTHER'S MAIDEN NAME GEORGE BACCOLOU	14. NAME OF HUSBAND OR WIFE FRANCIS SIMS
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs Joe Myster	ADDRESS Auxvasse Mo
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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, asphyxia, 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) Septicemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fractured pelvis - DUE TO (c) Hypertensive fibrosclerosis		
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"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 20, 1953** to **10-25, 1953** that I last saw the deceased alive on **10-22, 1953** and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. W. Thompson	(Doctor or title) 2	23b. ADDRESS Merced Mo	23c. DATE SIGNED 10-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Oct 27/53	24c. NAME OF CEMETERY OR CREMATORY Auxvasse	24d. LOCATION (City, town, or county) (State) Auxvasse Mo
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DATE REC'D BY LOCAL REG. Oct. 31-1953	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Manzie Funnell	ADDRESS H. Auxvasse
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(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300
10. 48
0140
1

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.....
Signature of Student Embalmer

Signed *J. V. Rossom*.....

Licensed Embalmer No. *2555*

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.