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

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28207

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hosp -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
d. STREET ADDRESS (If rural, give location): 210 1

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): Bell
c. (Last): Sportsman

4. DATE OF DEATH (Month) (Day) (Year): 8 13 54

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 4-8-1884
9. AGE (In years last birthday): 70 — If under 1 year: Months 4, Days 3 — 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 (City and State or Foreign Country): Chariton Co.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Samuel Penrod
13b. MOTHER'S MAIDEN NAME: Susana Crawl
14. NAME OF HUSBAND OR WIFE: Isaac Sportsman

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: Isaac Sportsman
ADDRESS: Marceline

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

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 1) Pneumonitis
Conditions contributing to the death but not related to the disease or condition causing death. 2) Cachexia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 11, 1954, *to* Aug 18, 1954, *that I last saw the deceased alive on* Aug 17, 1954, *and that death occurred at* 12 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: George Gary (Degree or title) MD.
23b. ADDRESS: Marceline Missouri
23c. DATE SIGNED: 8-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 8-15-54
24c. NAME OF CEMETERY OR CREMATORY: Bell
24d. LOCATION (City, town, or county) (State): South East Marceline Mo

DATE REC'D BY LOCAL REG.: 8/20/54
REGISTRAR'S SIGNATURE: Mary Jane Rodgers
25. FUNERAL DIRECTOR'S SIGNATURE: James M Laughlin
ADDRESS: Marceline, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 15 1954

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 George D. Trammell

Licensed Embalmer No. 4426

P. O. Address Marceline, 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.