S. No. 300
V. 10.48

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

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32971

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6269 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL OZARK
c. LENGTH OF STAY (in this place): 48 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL OZARK 120
d. STREET ADDRESS (If rural, give location): SMI S.E. MARSHFIELD

3. NAME OF DECEASED (Type or Print): a. (First) CALLA b. (Middle) VIOLA c. (Last) ROST

4. DATE OF DEATH (Month) (Day) (Year): SEPT 25 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT 20 1883
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — 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 (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: DAVID BIGGERS
13b. MOTHER'S MAIDEN NAME: LUCRETIA RENNER
14. NAME OF HUSBAND OR WIFE: SAM. D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: SAM ROST ADDRESS: MARSHFIELD

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: about 10 yrs

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: 426
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 —, 1946, to Sept. 25, 1956, that I last saw the deceased alive on Sept. —, 1956, and that death occurred at 5:00 Am., from the causes and on the date stated above.

23a. SIGNATURE: C. P. Macdonnell (Degree or title) M.D.
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 9/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-28-1956
24c. NAME OF CEMETERY OR CREMATORY: PLEASANT HILL
24d. LOCATION (City, town, or county) (State): WEBSTER CO. MO

DATE REC'D BY LOCAL REG.: 9-27-53
REGISTRAR'S SIGNATURE: J. Stewart
25. FUNERAL DIRECTOR'S SIGNATURE: BARBER-EDWARDS ADDRESS: MARSHFIELD

(Licensed Embalmer's Statement on Reverse Side)

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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 Rev Barber

Licensed Embalmer No. 3848

P. O. Address _____

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.