

S. No. 300
V. 10-48

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7854**

28
99

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5329 Registrar's No. 4-1949

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba "Rural" CRAWFORD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CUBA</u>	
c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROSA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>FREDERICKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-49</u>
-------------------------------------	------------------------	------------------------	-------------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JUN 20 19 70</u>	9. AGE (In years last birthday) <u>78</u>	If UNDER 1 YEAR Months <u>3</u> Days <u>6</u>	If UNDER 2 MRS. Hours _____ Min. _____
----------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>LONGSPRUE MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>HENRY HANSELL</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY BRADSHAW</u>	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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT FREDERICKSON</u> ADDRESS <u>Cuba, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 yr.</u> <u>10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Degenerative Heart disease</u>		
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 <u>U34's</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 7, 1947 to Feb 26, 1949, that I last saw the deceased alive on Feb 26, 1949, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. A. Elders, M.D.</u>	23b. ADDRESS <u>Cuba, Mo</u>	23c. DATE SIGNED <u>3-2-49</u>
--	------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-3-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Frederickson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba Mo</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-3-49</u>	REGISTRAR'S SIGNATURE <u>Paul W. Shank</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Long</u> ADDRESS <u>Bowling Mo</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-21-49

District Health Officer No. 5,

District File Number 349-212

Date Filed 3-21-49

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 Norman C. Halmer.....

Licensed Embalmer No. 7673.....

P. O. Address Cuba, Missouri.....

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.