No. 300
10-48

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9094

State File No.

BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 214

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): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Linn 30
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline 2 1
d. STREET ADDRESS (If rural, give location): 215 W. Walker 0

3. NAME OF DECEASED (Type or Print)
a. (First): Rose Edith
b. (Middle): Edith
c. (Last): Morrow

4. DATE OF DEATH (Month) (Day) (Year): March 25 1949

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 25, 1880
9. AGE (In years last birthday): 68 — If under 1 year: Months 3, Days 0 — 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): Westville Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Isiah Knott
13b. MOTHER'S MAIDEN NAME: Mary Wolf
14. NAME OF HUSBAND OR WIFE: Frank Morrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Kenneth Morrow, Clarksville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia, septicemia - B-Coli — Interval between onset and death: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary wound infection — 3 wks.
DUE TO (c) poor nursing care following Surgery — 6 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture left Femur, bilat. fract. femur necks & absorption, anemia.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 1950
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* Sept. 17, 1946, *to* March 25, 1949, *that I last saw the deceased alive on* March 25, 1949, *and that death occurred at* 11 30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip A. Ottman, M.D.
23b. ADDRESS: Marceline, Mo.
23c. DATE SIGNED: 3/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 28 1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): Marceline, Mo.

DATE REC'D BY LOCAL REG.: 3/28/1949
REGISTRAR'S SIGNATURE: Mary Jane Owens 401
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: James M. Laughlin, Marceline, Mo
(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Blanche M. Laughlin

Signed _____
Student Embalmer

Licensed Embalmer No. 1909

P. O. Address Marceline, Mo.

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

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