No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1950

State File No. 3597

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reeds Spring
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reeds Spring 1040
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Rosela
b. (Middle): L.
c. (Last): Statser

4. DATE OF DEATH (Month) (Day) (Year): January 17 1950

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 19 1865
9. AGE (In years last birthday): 884 — 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): Pilot Mound Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Hiram Persons
13b. MOTHER'S MAIDEN NAME: Pheobe L. Calkins
14. NAME OF HUSBAND ~~OR WIFE~~: Millard Statser

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Cecil Statser — ADDRESS: Reeds Spring 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 2 yrs
DUE TO (c): old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Jan 1, 1950, *to* Jan 17, 1950, *that I last saw the deceased alive on* Jan 12, 1950, *and that death occurred at* 1:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L S Shumate MDU
23b. ADDRESS: Reeds Spring mo
23c. DATE SIGNED: 1/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 19-1950
24c. NAME OF CEMETERY OR CREMATORY: Eisenhour Cemetary
24d. LOCATION (City, town, or county) (State): Christian Co. Mo.

DATE REC'D BY LOCAL REG.: Jan. 18-50
REGISTRAR'S SIGNATURE: Lena Murray - Dep.
25. FUNERAL DIRECTOR'S SIGNATURE: Manlove-Moss — ADDRESS: Reeds Spring Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 8 1950
District Health Office No. 6,
District File Number 250-194
Date Filed 2-10-50

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 George H Moulton

Signed _____
Student Embalmer

Licensed Embalmer No. 3927

P. O. Address Ozone 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.