

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14047

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4408 Registrar's No. 129

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, write RURAL and give township) Smithton
 c. LENGTH OF STAY (in this place) 5 1/2
 d. FULL NAME OF HOSPITAL OR INSTITUTION E'ist part of town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Illinois & Missouri b. COUNTY Pettis MO
 c. CITY (If outside corporate limits, write RURAL and give township) 08 40
 d. STREET ADDRESS (If rural, give location) Marionell & Smithton MO

3. NAME OF DECEASED (Type or Print) MYRTLE F. ROSS
 a. (First) _____ b. (Middle) _____ c. (Last) _____
 4. DATE OF DEATH Mar 26-1950
 (Month) (Day) (Year)

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Jan 3-1889 9. AGE (in years last birthday) 61 2 23 3
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Teaching & Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Milwaukee Wis 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Samuel Fowler 13b. MOTHER'S MAIDEN NAME Augusta Calasen 14. NAME OF HUSBAND OR WIFE Monta

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 J. M. Fowler ADDRESS Smithton MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary
 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. Nephritis, chronic
 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) _____ 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 March 25, 1950, to March 26, 1950, that I last saw the deceased alive on March 26, 1950, and that death occurred at 7:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas Lindan Gueffels M.D. 23b. ADDRESS Sedalia Missouri 23c. DATE SIGNED 3-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar 28-50 24c. NAME OF CEMETERY OR CREMATORY Otterville Cemetery 24d. LOCATION (City, town, or county) (State) Otterville MO

DATE REC'D BY LOCAL REG. 3-29-1950 REGISTRAR'S SIGNATURE J. Q. Campbell M.D. 25. FUNERAL DIRECTOR'S SIGNATURE A. F. Neumeier ADDRESS Smithton MO

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3

RECEIVED

District Health Unit No. 3

District File Number

Date Filed 4-18-52

FEB 23 1951

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 A. F. Neumeier

Licensed Embalmer No. 3912

P. O. Address Smithton MD

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.