

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22298  
Registrar's No. 1432

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4465

1. PLACE OF DEATH  
a. COUNTY ST Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill  
c. LENGTH OF STAY (In this place) YES  
d. FULL NAME OF HOSPITAL OR INSTITUTION Rock Hill Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo  
b. COUNTY Phelps  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla  
d. STREET ADDRESS (If rural, give location) 1812

3. NAME OF DECEASED (Type or Print)  
a. (First) Ola Josephine  
b. (Middle) COURSON  
c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) 6 6 1950

5. SEX Female  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
8. DATE OF BIRTH 2-6-1899  
9. AGE (In years last birthday) 51  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY AT Home  
11. BIRTHPLACE (State or foreign country) Beulah Mo  
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles W Marlow  
13b. MOTHER'S MAIDEN NAME Ada Moore  
14. NAME OF HUSBAND OR WIFE Rue Courson

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 Rue Courson ADDRESS Rolla Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Intestinal Tract  
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 \_\_\_\_\_  
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) 153X

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 Dec 4, 1945 to JUNE 6, 1950, that I last saw the deceased alive on JUNE 5, 1950, and that death occurred at 8:07 m., from the causes and on the date stated above.

23a. SIGNATURE A. Y. Merten M.D. (Degree or title)  
23b. ADDRESS 3507 Poloma  
23c. DATE SIGNED 6-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removed  
24b. DATE 6-9-50  
24c. NAME OF CEMETERY OR CREMATORY Rolla  
24d. LOCATION (City, town, or county) (State) Rolla Mo

DATE REC'D BY OFFICIAL JUN 9 1950  
REGISTRAR'S SIGNATURE Robert J. Blomley, M.D.  
25. FUNERAL DIRECTOR'S SIGNATURE Howland Mortuary Service Inc. ADDRESS \_\_\_\_\_

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

4002

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No.....  
*Joe M. Sigmond*

Licensed Embalmer No. *4343*

P. O. Address *St. Louis 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.