S. No. 300
10.48

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

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23039

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5241 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Madison Twp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Miles E. of Stockton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Madison Twp. 0200
d. STREET ADDRESS (If rural, give location): 4 Miles E. of Stockton

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): Elizabeth
c. (Last): Fox

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 9, 1880
9. AGE (In years last birthday): 69 — If under 1 year: Months 9, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cedar County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John M. Hudson
13b. MOTHER'S MAIDEN NAME: Frances Little
14. NAME OF HUSBAND OR WIFE:

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Charles Elton Fox
ADDRESS: Stockton 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) Carcinoma Cervix — INTERVAL BETWEEN ONSET AND DEATH: yrs.

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. — 171X

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 _____, 19___, to* 6-27, 1950, *that I last saw the deceased alive on* 6-27, 1950, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm B. Kistler M.D.
23b. ADDRESS: Stockton Mo
23c. DATE SIGNED: 6-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-2-1950
24c. NAME OF CEMETERY OR CREMATORY: Stockton City
24d. LOCATION (City, town, or county) (State): Stockton, Mo.

DATE REC'D BY LOCAL REG.: 7-8-1950
REGISTRAR'S SIGNATURE: Geneva Garrison
25. FUNERAL DIRECTOR'S SIGNATURE: John A. Cantlon
ADDRESS: Stockton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 19

RECEIVED 7/18/52
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7/18/52

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, Me

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.