

FILED NOV 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36054

0042

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	
c. LENGTH OF STAY (In this place) 12 days		d. STREET ADDRESS (If rural, give location) R.P.D. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) TENNIE b. (Middle) W. c. (Last) ROSS			4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 6, 1891		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work and history of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Williamsburg, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Moss Schafer		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE W.C. Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Taylor Sewell, Mexico, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma *ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs 153x	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb. 27, 1950** to **Nov. 16, 1950**, that I last saw the deceased alive on **Nov 16, 1950**, and that death occurred at **9-30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. Kallenbach (Degree or title) MD		23b. ADDRESS Mexico Mo.		23c. DATE SIGNED 11-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 19, 50		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
				24d. LOCATION (City, town, or county) (State) Mexico, Mo.	

DATE REC'D BY LOCAL REG. Nov 18 1950		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. ... Mexico, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: NOV 22 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-197
Date Filed: NOV 25 1950

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

Student Embalmer No.
Signed Ralph L. Hunter Jr.
Licensed Embalmer No. 4687

P. O. Address Mexico, 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.