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

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3046

State File No. 37811

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Moniteau Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California, Mo Walker
c. LENGTH OF STAY (in this place): 6 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Henry Home for aged.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Linn 0680
d. STREET ADDRESS (If rural, give location): Rt # 2. Jamestown, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Rosetta
b. (Middle):
c. (Last): Stauffer

4. DATE OF DEATH (Month) (Day) (Year): Nov 23 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan 17. 1864
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 10, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Berns Switzerland 5
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Stauffer
13b. MOTHER'S MAIDEN NAME: UnKnown
14. NAME OF HUSBAND OR WIFE:

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.: None
17. INFORMANT'S SIGNATURE OR NAME: John Stauffer — ADDRESS: Jamestown, Mo Rt #2

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

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) California (COUNTY) Moniteau (STATE) Mo.
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* Nov. 14, 1950, *to* Nov. 23, 1950, *that I last saw the deceased alive on* Nov. 22, 1950, *and that death occurred at* 3/40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. H. Bauer D.O.S.
23b. ADDRESS: California
23c. DATE SIGNED: 11/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/26/1950
24c. NAME OF CEMETERY OR CREMATORY: Evangelical Cmetery
24d. LOCATION (City, town, or county) (State): Jamestown, Mo

DATE REC'D BY LOCAL REG.: 11-30-50
REGISTRAR'S SIGNATURE: H.R. Popejoy 202 1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earl Bowlin California Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12/2/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 12/2/50

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 Jack H. Bowlin, working under my personal supervision.

Student Embalmer No. 391

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, Mo.

Signed Jack Bowlin
Student Embalmer

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.