

FILED JAN 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 40449

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 169

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

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 402 425 E 17th STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION HAS E 17th Street			

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) ELIZABETH c. (Last) ROSSON			4. DATE OF DEATH (Month) (Day) (Year) DEC. 22, 1950			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH DEC. 28, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 11 Days 24	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LIVINGSTON, COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME GEORGE KINCAID		13b. MOTHER'S MAIDEN NAME SARAH		14. NAME OF HUSBAND OR WIFE CHARLES ROSSON	
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 ADDRESS W.E. ROSSON 425 E 17th ST. TRENTON, 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, athermia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 16 hrs 1:29:30 21
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Fracture Right Femur rise to the above cause (a) stating the underlying cause last. Shivers		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 840		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	

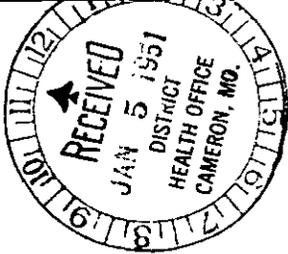
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-21-50 2m		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell over my	
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22. I hereby certify that I attended the deceased from 12-21-1950, to 12-22-50 1950, that I last saw the deceased alive on 12-21-1950, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE M. A. J. [Signature] M.D. (Degree or title)		23b. ADDRESS Trenton, MO		23c. DATE SIGNED 12-22-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-24-1950		24c. NAME OF CEMETERY OR CREMATORY GEES, CEMETERY		24d. LOCATION (City, town, or county) (State) DAVIES COUNTY, MISSOURI	
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DATE REC'D BY LOCAL REG. 12-22-50		REGISTRAR'S SIGNATURE Irene Fair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles D. Sykes Trenton, MO	
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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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Charles D. Syman

Licensed Embalmer No. 3109

P. O. Address Frenton, 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.