

FEB 19 1951

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4509**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 128

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> 0390 d. STREET ADDRESS <u>Route 3, Springfield, Mo.</u> 1	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Austa</u> b. (Middle) <u>Aldridge</u> c. (Last) <u>Rozell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 16 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		8. DATE OF BIRTH <u>Oct. 15, 1906</u>	
11. BIRTHPLACE (State or foreign country) <u>Protem, Missouri</u>			9. AGE (In years last birthday) <u>44</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>W M Aldridge</u>		

13b. MOTHER'S MAIDEN NAME <u>Ota Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>John Rozell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Rozell, Springfield, Missouri</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus postoperative</u> <u>10 mos</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hysterectomy for fibroids</u> <u>8 days</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Relative Anemia 2 yrs duration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/4 X</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Multiple myxoma uteri</u>		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) m.		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 2, 1951, to Feb 16, 1951, that I last saw the deceased alive on Feb 15, 1951, and that death occurred at 6:25A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Glynn MD</u> (Degree or title)		23b. ADDRESS <u>Springfield Missouri</u>		23c. DATE SIGNED <u>Feb 16 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>		24f. ADDRESS <u>Springfield</u>	

DATE REC'D BY LOCAL REG. <u>2-16-51</u>		REGISTRAR'S SIGNATURE <u>W E Handley md</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer Springfield</u>	
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Dr. Rlyon
Holland 13

FEB 26 1951

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.....

Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.