V.S. No. 300
REV. 10.48

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FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36859

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5420 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibson
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibson, (Holcomb Twp.) 0350
d. STREET ADDRESS (If rural, give location): Gibson, Mo.

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

4. DATE OF DEATH (Month) (Day) (Year): NOV. 3 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 14, 1888
9. AGE (In years last birthday): 63 — If under 1 year: Months 3, Days 19 — If under 24 hrs.: Hours, Min.

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): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Bass
13b. MOTHER'S MAIDEN NAME: Elizabeth Frank
14. NAME OF HUSBAND OR WIFE: Wm. E. Rook

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 ADDRESS: Wm. E. Rook, Gibson, Missouri

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 of the Rectum — INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

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: 154X
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* May 17th, 1951, *to* Oct. 6th, 1951, *that I last saw the deceased alive on* Oct. 6th, 1951, *and that death occurred at* 3:20 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Wallace Belsey (Degree or title): MD
23b. ADDRESS: Campbell Mo.
23c. DATE SIGNED: 11/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 4, 1951
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): Campbell, Missouri

DATE REC'D BY LOCAL REG.: 11-10-51
REGISTRAR'S SIGNATURE: J. Anderson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Landess Funeral Home Campbell, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-13-51

COUNTY FILE NUMBER 1151-310

VS SEP 25 1959

NOV 2 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 Christina M. Landrum

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.