

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **763**
Registrar's No. **4**

JAN 23 1952

330

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

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5392		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural TWP WATKINS		c. LENGTH OF STAY (in this place) 4yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural TWP. WATKINS		d. STREET ADDRESS (If rural, give location) 0330 Lenox, MO.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lenox. MO.				4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1952			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) Bell		c. (Last) Mason		5. SEX F	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 15, 1868		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (State or foreign country) Moringo, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Alspaugh		13b. MOTHER'S MAIDEN NAME Eva Sears		14. NAME OF HUSBAND OR WIFE Lenedo Colbth Mason			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bob Runner Rt 1 Salem MO.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute intestinal obstruction 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. Cerebral hemorrhage (2)				INTERVAL BETWEEN ONSET AND DEATH one week six months 5 years and over	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 153X				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 9-2-1950 , to 1-14-1952 , that I last saw the deceased alive on 1-14-1952 , and that death occurred at 10:00am from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Francis L. Royal, M.D.				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 1-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 16, 52		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery		24d. LOCATION (City, town, or county) (State) Salem, MO.	
DATE REC'D BY LOCAL REG. 1-15-52		REGISTRAR'S SIGNATURE M. M. Hart, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hobson & Spentner, Salem, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

REC 3
1953

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Selma, 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.