No. 300
10.48

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12344

BIRTH NO. _____ REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Finley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#2 Ozark

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location): RFD#2 Ozark

3. NAME OF DECEASED (Type or Print): a. (First) Cynthia b. (Middle) Viola c. (Last) Holden

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 9 Jan. 1871

9. AGE (In years last birthday) 81 | If under 1 year: Months, Days | 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 In Home

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Sage

13b. MOTHER'S MAIDEN NAME Martha Bowles

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME Mrs. Malcolm Doarn **ADDRESS** Ozark, 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) Uremic Poisoning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Stomach

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 151X

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* April 4th, 1952, *to* April 26, 1952, *that I last saw the deceased alive on* April 24, 1952, *and that death occurred at* 4:25A m., *from the causes and on the date stated above.*

23a. SIGNATURE Dr. Warren D. Wilson (Degree or Title) M.D.

23b. ADDRESS Ozark, Mo.

23c. DATE SIGNED May 3-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery

24d. LOCATION (City, town, or county) Springfield (State) Mo.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE 59

25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. **ADDRESS** Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ogle Sloan Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

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.