

No. 300
10.48

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13661**
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353

| | | | | | |
|--|---|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. <u>Pemiscott</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Brass City Mo.</u> | | c. LENGTH OF STAY in this place <u>3 Mo.</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Brass City Mo.</u> | | 0780 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | d. STREET ADDRESS (If rural, give location) <u>Rural</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosetta</u> | | | b. (Middle) <u>Laden</u> | | c. (Last) <u>Laden</u> |
| 4. DATE OF DEATH (Month) <u>May</u> (Day) <u>8</u> (Year) <u>1952</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) <u>10</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school girl</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>0</u> | 11. BIRTHPLACE (State or foreign country) <u>Pemiscott Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>yes</u> | |
| 13a. FATHER'S NAME <u>Edd Laden</u> | | 13b. MOTHER'S MAIDEN NAME <u>Birtha Mearman</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Edd Laden</u> ADDRESS <u>Brass City Mo.</u> | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u> | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Fever & Aortic Leak.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | |
| 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 <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4011</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | | 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 <u>May 7</u> , 19 <u>52</u> to <u>May 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 7</u> , 19 <u>52</u> , and that death occurred at <u>12.30 m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>G. E. Ellio</u> M.D. | | | 23b. ADDRESS <u>GIDEON MO.</u> | | 23c. DATE SIGNED <u>MAY 8, 52</u> |
| 24a. DATE <u>May 8, 52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Gregary. Mo.</u> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE RECD BY LOCAL REG. <u>5-8-52</u> | | REGISTRAR'S SIGNATURE <u>Mrs. F. G. Hopkins</u> 456 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | |

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.