

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

795

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) Sullivan		c. CITY OR TOWN Bourbon	
c. LENGTH OF STAY (In this place) 5 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: North Side Hospital		e. STREET ADDRESS (If rural, give location) 1 mi East on Hwy 66	
3. NAME OF DECEASED (Type or Print) a. (First) VERENA b. (Middle) — c. (Last) ROTTLER		4. DATE OF DEATH (Month) (Day) (Year) Feb 4 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 26 1889
9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 2 Days 8	IF UNDER 4 HRS. Hours — Min. —	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Carlyle Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles R. Cross	13b. MOTHER'S MAIDEN NAME Catherine Kueffert	14. NAME OF HUSBAND OR WIFE -Deed-	
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 Mrs Alma Bell - Bourbon - MO	
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, asthma, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovary with Metastasis 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.		INTERVAL BETWEEN ONSET AND DEATH Months
19a. DATE OF OPERATION Dec 30 53	19b. MAJOR FINDINGS OF OPERATION Metastatic Ovarian Carcinoma		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) (Min.)	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 Jan 30, 1954 , to Feb 4, 1954 , that I last saw the deceased alive on Feb 3, 1954 , and that death occurred at 10:52 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert M. Crawford M.D.		23b. ADDRESS 40 1/2 No. Clark St. Sullivan Mo	23c. DATE SIGNED Feb 5 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 6 1954	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) SAINT LOUIS Missouri
DATE REC'D BY LOCAL REG. 2-5-54	REGISTRAR'S SIGNATURE Thomas A. Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman C. Hoener Cuba, MO	

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

(License Embalmers' Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Norman C. Hoener*.....

Licensed Embalmer No. *4672*

P. O. Address *Cuba, Miss*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.