

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8429**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **91**

0421

0421

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL, and give town) Windsor	c. LENGTH OF STAY (In this place) 6 Months	c. CITY (If outside corporate limits, write RURAL and give township) Windsor	
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 W. Colt		d. STREET ADDRESS (If rural, give location) 205 W. Colt	

3. NAME OF DECEASED (Type or Print) a. (First) Rosena b. (Middle) Marti c. (Last) Elbert			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13, 1865	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 9 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Benedict Marti	13b. MOTHER'S MAIDEN NAME Mary Gorman	14. NAME OF HUSBAND OR WIFE Frank Elbert
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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 Sam Marti, Windsor, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		417A	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 <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 1937 to Mar 25, 1950, that I last saw the deceased alive on Mar. 25, 1950, and that death occurred at 10:00 PM from the causes and on the date stated above.

23a. SIGNATURE <i>Edith Windsor</i>	(Degree or title) D.D.	23b. ADDRESS Windsor Mo.	23c. DATE SIGNED 3.27.50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-27-50	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Missouri
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DATE REC'D BY LOCAL REG. Mar-27-50	REGISTRAR'S SIGNATURE <i>Florence Adams</i>	4221	25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner</i>	ADDRESS Windsor, Mo.
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RECEIVED

District Health Officer No: 71

District File Number 3-50-321

Date Filed 4-3-50

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, M

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.