THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH alth, FILED FEB 4 1958 Velfare Registration District No. 224 Primary Registration District No. 3046 Registrar's No. blic rvice 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before, admission) 068 1. PLACE OF DEATH b. COUNTY Moniteau a. COUNTY Moniteau Missouri 300 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits -56 TOWnCalifornia, Mo Walker Yesty No 🗆 TOWN California, Mo Yes7g No□ c. FULL NAME OF (If NOT inhospital, give location) Length of stay in 1b (If outside, give location) d. STREET ADDRESS 305 E. South INSTITUTION Home-305 E. South 21 Months Yes D No. X to natural causes. First 3. NAME OF Middle Last 4. DATE Month Year DECEASED (Type or print) Ellhott DEATH an 29 1958 Rosa Jane 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last oirthday) Months Hours Min. WIDOWED IX Sept 30 1871 86 Female White DIVORCED [10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House Wife Own Home Missouri U.S.A. POSSIBL 14. MOTHER'S MAIDEN NAME Rebecca Sunday William Reed 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 305 E. South (Yes. no. or unknown) | (If yes, give war or dates of service) No None 18. CAUSE OF DEATH [Enter only one cause per tipe for (all (b), and (c).] TYPEWRI INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) RIBBON Conditions, if any. DUE TO (b) which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 9. WAS AUTOPSY PERFORMED? 4500 YES NO D 20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) П 20c TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d, INJURY OCCURRED 20e. PLACE OF INJURY (e. g., in or about home, \$20%, CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT NOT WHILE farm, factory, street, office bidg., etc.) WORK 21. I attended the deceased from Death occurred m on the date stated above; and to the best of my knowledge /from the causes stated. 22a, SIGNATURE (Degree or title) DATEAGIGNED 23a. BURIAL, CREWATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 234. LOCATION (City, town, or county) (State) REMOVAL (Specify) McGirk, 1958 Mo McGirk Cemeterv Burial Feb 1 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 1 26. BEGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is recorded on the reve	rse s	side of	this ce	rtificate	e was e
by r	ne, or by	,	Stude	nt Emb	almer N	o
wor	king under my personal supervision					
		2	,		٠.	

Signed Joel A Bowlin

Licensed Embalmer No. 49

P. O. Address Calfornia Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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.