

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5650

State File No.

0850

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

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville General</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>	
c. LENGTH OF STAY (In this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>0331</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u>		b. (Middle) <u>Kruger</u>	
		c. (Last) <u>Land</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1951</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1877</u>
9. AGE (In years last birthday) <u>74</u>		# UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	# UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Earls</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Mathes</u>	
14. NAME OF HUSBAND OR WIFE <u>W.H. Land deceased</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>Eva Haas</u>		ADDRESS <u>Rolla, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
ANTECEDENT CAUSES (b) <u>Paralysis agitans</u>		<u>10 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Sensibility</u>		<u>no</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sensibility</u>		<u>no</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in Fairland nursing home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 10 1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <u>Lost balance while walking</u>	
22. I hereby certify that I attended the deceased from <u>Nov 1950</u> , to <u>Feb 24, 1951</u> that I last saw the deceased alive on <u>2-14-1951</u> , and that death occurred at <u>4:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Ferrel M.D.</u> (Degree or title)		23b. ADDRESS <u>Rolla Mo.</u>	
23c. DATE SIGNED <u>2-28-51</u>			
24a. BURIAL: CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Morrison Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-1-51</u>		REGISTRAR'S SIGNATURE <u>Helma C. Buckner</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hobson & Grantam, Salem, Mo.</u> ADDRESS	

RECEIVED 3-1-51
Alaska County Health Officer
File Number 3-1-51
Date Filed 3-1-51

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 Marshall C. Blackwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4713

P. O. Address Salem, mo.

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.