

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11585**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **490**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 1903 So. 12th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ROSIE b. (Middle) LUESTER c. (Last) SIMERLY			4. DATE OF DEATH (Month) (Day) (Year) 4 29 49		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 14, 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) Oregon, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Samuel Karr	13b. MOTHER'S MAIDEN NAME Sarah Stanley	14. NAME OF HUSBAND OR WIFE Arthur J. Simerly
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Arthur J. Simerly	ADDRESS 1903 So. 12th
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 4 yrs?
	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	19b. MAJOR FINDINGS OF OPERATION ^	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ^	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-28-49 3:00 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4343
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22. I hereby certify that I attended the deceased from **4-14-1949**, to **4-28-1949**, that I last saw the deceased alive on **4-28-1949**, and that death occurred at **3:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE W. G. Grinnel (Degree or title) M.D.	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 4-29-49
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/1/1949	24c. NAME OF CEMETERY OR CREMATORY Filmore Cemetery	24d. LOCATION (City, town, or county) (State) Filmore, Missouri
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DATE REC'D BY LOCAL REG. May 2, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE John C. Sapp	ADDRESS St. Joseph Mo
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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.

Signed _____

John C. Rupp

Signed _____
Student Embalmer

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.