

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 14 1949

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) / OR TOWN <u>Rural Canaan Twp.</u> / c. LENGTH OF STAY (in this place) <u>57 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) / OR TOWN <u>Rural Canaan Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosebud, Mo. Route</u>		d. STREET ADDRESS (If rural, give location) <u>Rosebud, Mo. Route</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Drusa</u> b. (Middle) <u>Clementine</u> c. (Last) <u>Rook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1949</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 11, 1869</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.		
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>	11. BIRTHPLACE (State or foreign country) <u>(near) Rosebud, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alongo Fitzgerald</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Melton Fitzgerald</u>	14. NAME OF HUSBAND OR WIFE <u>Jerry Rook</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>***</u>	16. SOCIAL SECURITY NO. <u>***</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tom McKinney</u> ADDRESS <u>Rosebud, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 dys.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis</u>		<u>2 yrs.</u>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-10, 1949, to 6-13, 1949 that I last saw the deceased alive on 6-13, 1949, and that death occurred at 6 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald B. ...</u> (Degree or title)	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>6-16-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-16-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Dorothy Jackson</u> <u>363</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilford H.H. Winter</u> ADDRESS <u>Owensville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
RECEIVED
JUL 9 1919
District Health Officer No. 91

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 _____

Margaret H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.