

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

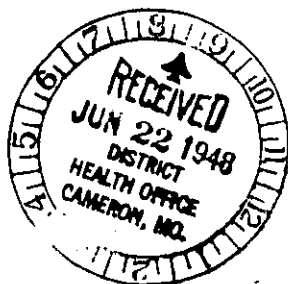
State File No.

22400

BIRTH NO. <u>374</u>		REG. DIST. NO.		PRIMARY REG. DIST. NO. <u>16276</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-West Union Township</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-West Union Township</b>		d. STREET ADDRESS (If rural, give location) <b>Parnell</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <b>Rose</b>		a. (First) <b>Rose</b>		b. (Middle) <b>E</b>		c. (Last) <b>Constant</b>	
4. DATE OF DEATH (Month) <b>6</b> (Day) <b>5</b> (Year) <b>1949</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>3-6-1875</b>		9. AGE (In years last birthday) <b>74</b>		10. MONTHS <b>2</b> DAYS <b>29</b>		11. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS, OR INDUSTRY <b>housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Denver, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Orison Killingsworth</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth E. Clark</b>		14. NAME OF HUSBAND OR WIFE <b>William Jefferson Constant</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William Jefferson Constant-Parnell, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <u>1947</u> , to <u>6-3-1949</u> , that I last saw the deceased alive on <u>6-4-1949</u> and that death occurred, at <u>m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <b>Frank B. Madison, M.D.</b>				23b. ADDRESS <b>Grant City, Mo.</b>		23c. DATE SIGNED <b>June 13, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-7-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sheridan Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sheridan, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 13-1949</b>		REGISTRAR'S SIGNATURE <b>Rita E. Duverson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arch C. Duffer</b>		ADDRESS <b>Grant City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 one

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arch C Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.