

FILED AUG 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22944

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

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5356 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Long Lane</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Long Lane Mo. 30</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Long Lane, Mo. 1</u>		d. STREET ADDRESS (If rural, give location) <u>06</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>E. L. 32</u> b. (Middle) <u>Susan</u> c. (Last) <u>Rose</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-24-1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>June 6, 1870</u>
9. AGE (In years last birthday) <u>78</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Martimore Cheek</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Kraoz</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Rose</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Rose</u> ADDRESS <u>Long Lane Mo</u>	
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) <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion (2 attacks) (1 yr) (4 Mo)</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>442X</u>	
22. I hereby certify that I attended the deceased from <u>June 1948</u> to <u>July 24, 1949</u> , that I last saw the deceased alive on <u>July 23, 1949</u> , and that death occurred at <u>3:25 a.m.</u> (from the causes and on the date stated above).			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Buffalo Mo</u>	
23c. DATE SIGNED <u>7-29-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>8/6/49</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		52. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Vaughan</u> ADDRESS <u>Buffalo Mo</u>	

RECEIVED

District Health Officer No. 7,

District File Number 7-99/961

Date Filed 8/8/49

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 *Clyde Montgomery*

Signed _____
Student Embalmer

Licensed Embalmer No. 3592

P. O. Address Buffalo, Ind.

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.