

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27613

State File No.

80
86
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BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 227 S. Missouri Ave.		d. STREET ADDRESS (If rural, give location) 227 S. Missouri Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) LLOYD c. (Last) ROSSON			4. DATE OF DEATH (Month) (Day) (Year) August 18, 1949
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 14, 1866
9. AGE (In years last birthday) 82		10. MONTHS 10	11. DAYS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific	11. BIRTHPLACE (State or foreign country) Louisville, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John K. Rosson	
13b. MOTHER'S MAIDEN NAME Pauline B. Dalton		14. NAME OF HUSBAND OR WIFE Margaret Rosson	
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 ADDRESS Mrs. Margaret Rosson, Sedalia, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal syndrome. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Hypertension, arterio-sclerosis, nephritis, interstitial. Mentality involved. i e Senile DUE TO (c) Dementia. II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Inanition.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No to all.	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXX XXX XXX	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? No injury.		22. I hereby certify that I attended the deceased from <u>May, 1949</u> , to <u>August 18, 1949</u> , that I last saw the deceased alive on <u>August 18, 1949</u> , and that death occurred at <u>8.30 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE G.B. Trader M.D. (Degree or title)		23b. ADDRESS 112 West 4th Street, Sedalia, Mo	
23c. DATE SIGNED Aug. 19, 1949		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8-20-1949		24c. NAME OF CEMETERY OR CREMATORY Sweet Springs Cemetery	
24d. LOCATION (City, town, or county) (State) Sweet Springs, Missouri		DATE REC'D BY LOCAL REG. 8-20-49	
REGISTRAR'S SIGNATURE Betty Yeager		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Bechart, Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED , AUG 30

District Health Officer No. 8,

District File Number.....

Date Filed 8-24-49

AUG 30 1949

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 Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.