

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34360
State File No.

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>McDonald Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Southwest City, Mo</u>	c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>near Grave, Oklahoma</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>		d. STREET ADDRESS (If rural, give location) <u>Rural, rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora Alma</u>	b. (Middle)	c. (Last) <u>ROSE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-1-49</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>married</u>	8. DATE OF BIRTH <u>May 29 1875</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>McDonald Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John W. Hays</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Williams</u>	14. NAME OF HUSBAND OR WIFE <u>George ROSE</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Jewel Miles of Southwest address Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>senility</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		470	

19a. DATE OF OPERATION <u>no</u>	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) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>//</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>//</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>//</u>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>///</u>
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22. I hereby certify that I attended the deceased from 9-29-49, 19 , to 10-1-49, 19 , that I last saw the deceased alive on 10-1, 1949, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.E. Warrnack</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Southwest City, Missouri</u>	23c. DATE SIGNED <u>10-2-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Southwest City, Mo. city Cemetery</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>10-13-49</u> <u>Mayme Hunsphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Worley Funeral Home Oklahoma</u>
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(If Used Emballer's Statement on Reverse Side)

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

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RECEIVED OCT 21 1949
District Health Office no. 6,
District File-Number 1049-1126
Date Filed 10-24-49

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.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.