

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12050

State File No. \_\_\_\_\_

42

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>7 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>1301 Sylvania</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1301 Sylvania</b>				d. STREET ADDRESS (If rural, give location) <b>1301 Sylvania</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Susan</b>			b. (Middle) <b>Mary</b>		c. (Last) <b>Rose</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 2, 1950</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Oct. 19, 1866</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>13</b>	IF UNDER 2 HRS. Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Clinton County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Francis M. Rose</b>			13b. MOTHER'S MAIDEN NAME <b>Ann Estes</b>		14. NAME OF HUSBAND OR WIFE <b>none</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 <b>Miss May Rose</b> ADDRESS <b>1301 Sylvania street</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>Mitral Insufficiency</b>  ANTECEDENT CAUSES <b>Chronic Rheumatism</b> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>None</b> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <b>4/10X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <b>no</b> YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <b>April 15, 1950</b> , to <b>May 1st</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>April 30, 1950</b> , and that death occurred at <b>4:20A m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>B. W. Tadlock M.D.</b>				23b. ADDRESS <b>King Hill Bldg St Joseph, Mo.</b>		23c. DATE SIGNED <b>5/2 '50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/4/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>May 3, 1950</b>		REGISTRAR'S SIGNATURE <b>R. B. Jenkins</b>		382		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Burns General</b> ADDRESS <b>St. Joseph, Mo.</b>		

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

*B. B. Caldwell*

**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 *James P. Hawkins*  
Licensed Embalmer No. 4536

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address 3175-10<sup>th</sup> St. Omaha, 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.