

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24275

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 111	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Phelps		b. CITY (If outside corporate limits, write RURAL and give township) Rolla		a. STATE Missouri		b. COUNTY Texas	
c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) Houston		1070			
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print)		a. (First) Nellie		b. (Middle) E.		c. (Last) Roser	
4. DATE OF DEATH		(Month) July		(Day) 30,		(Year) 1950	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1870 Aug. 11, 1950	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 11		Days 19		IF UNDER 24 HRS. Hours --	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charley Sweet		13b. MOTHER'S MAIDEN NAME Roberts		14. NAME OF HUSBAND OR WIFE P. CH. Roser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Hospital Records			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardio-Respiratory failure		ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic Degenerative Heart Disease		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c) Hypertension + arteriosclerosis.		11. OTHER SIGNIFICANT CONDITIONS		Paralysis Aetiana		2/25/50	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)		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 Jan 20, 1948, to July 10, 1956, that I last saw the deceased alive on July 10, 1956, and that death occurred at 1:52 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. J. Burns				23b. ADDRESS Houston, Mo		23c. DATE SIGNED 8/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-3-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Cracker		24d. LOCATION (City, town, or county) (State) Mt. Cracker, Kansas	
DATE REC'D BY LOCAL REG. 8-3-50		REGISTRAR'S SIGNATURE Nadine L. Stoll		380 25. FUNERAL DIRECTOR'S SIGNATURE Dorothy Elliott		ADDRESS Houston, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED. 8-10-50

Phelps County Health Officer,

County File Number _____

Date Filed 8-11-50

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.