

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30129

State File No.

402
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BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GRUNDY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		<u>0402</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>113 W CROWDER ROAD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u>			b. (Middle) <u>E</u>		c. (Last) <u>ROSSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 16 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1887</u> <u>NOV. 14, 1880</u>	9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Swington Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Rossion</u>			13b. MOTHER'S MAIDEN NAME <u>Rena Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Maria Rossion</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 ADDRESS <u>Dr. Fred Ridge</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Renal Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>442X</u>	
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 <u>July 16, 1950</u> , to <u>July 16, 1950</u> that I last saw the deceased alive on <u>July 16, 1950</u> , and that death occurred at <u>4:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. C. Duffy M.D.</u>				23b. ADDRESS <u>Trenton</u>		23c. DATE SIGNED <u>July 17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Bellows</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Grundy, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Gene Jarr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. ...</u>		ADDRESS	

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



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.....

Charles D. Sigman

working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward G. [unclear]

Signed.....
Student Embalmer

Licensed Embalmer No. *3109*

P. O. Address *Drexler, 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.