

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 16 1950

| | | | | | | | |
|--|----------------------------|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>141</u> | | PRIMARY REG. DIST. NO. <u>3025</u> | | Registrar's No. <u>48</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Nowell</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nowell</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u> | | c. LENGTH OF STAY (In this place) <u>7 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u> | | <u>2460</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>Rover Rt</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Nancy</u> | | b. (Middle) <u>Rosa</u> | | c. (Last) <u>Rose</u> | |
| 4. DATE OF DEATH | | (Month) <u>8</u> | | (Day) <u>22</u> | | (Year) <u>50</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u> | | 8. DATE OF BIRTH <u>12-5-1864</u> | | 9. AGE (In years last birthday) <u>85</u> | |
| IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 10 HRS. Hours _____ Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Edgar Cole</u> | | 13b. MOTHER'S MAIDEN NAME <u>Honeycutt</u> | | 14. NAME OF HUSBAND OR WIFE <u>B.A. Rose</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>Fred Rose, West Plains Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS - CHRONIC</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | 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>4222</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 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>Aug 10, 1950</u> to <u>Aug 24, 1950</u> , that I last saw the deceased alive on <u>Aug 10, 1950</u> , and that death occurred at <u>2:00</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Beatrice Cook, M.D.</u> | | | | 23b. ADDRESS <u>West Plains, Mo.</u> | | 23c. DATE SIGNED <u>11 Sept 50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>8-24-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Traces</u> | | 24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>10-5-50</u> | | REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS <u>Robertson, West Plains Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 9 1950

Dist. File 10-50-2040

Date Filed 10-9-50

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3437

P. O. Address West Hill

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.