

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35907

State File No. _____

No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>6121</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shively Kentucky</u>		8160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>2001 Stowers Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Henry</u>		c. (Last) <u>Rose Jr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7th 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 20 1926</u>		9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jefferson County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John H. Rose Sr</u>			13b. MOTHER'S MAIDEN NAME <u>Eva Smith</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Navy</u>		16. SOCIAL SECURITY NO. <u>402-22-2497</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.G. Hardy</u> ADDRESS <u>Shively Ky</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>Fractured Spine (Cervical) and Cord</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Truck Collided with Car</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>26</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SOURCE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US HWY #60</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Birch Tree Shannon Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 7-50 3P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Wet Pavement Truck slid into path of CAR</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Joseph P. Fernandez, B.S., D.C., M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Emmensee</u>		23c. DATE SIGNED <u>Oct 7, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 8-50</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Shively, Kentucky</u>	
DATE REC'D BY LOCAL REG. <u>10-14-50</u>		REGISTRAR'S SIGNATURE <u>to be given by Registrar</u> <u>306</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe P. Duncan</u> ADDRESS <u>407 views 4th no.</u>			

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

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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 Joe B. Duncan

Licensed Embalmer No. 4225

P. O. Address Mt. View, 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.