

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40858
State File No.
5000
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake Side Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 2929 Wayne

3. NAME OF DECEASED
a. (First) Rosella b. (Middle) Minnesota c. (Last) McGeorge

4. DATE OF DEATH (Month) (Day) (Year)
November 26, 1950

5. SEX female 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH October 27, 1857

9. AGE (In years last birthday) 93
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 4 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chelley Leake

13b. MOTHER'S MAIDEN NAME Sophonra Maxwell

14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Clyde Cofey (dau) 2929 Wayne

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerotic Arteriosclerosis at coronary occlusion & myocardial
DUE TO (c) insufficiency & congestive
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Heart failure 4/20

INTERVAL BETWEEN ONSET AND DEATH
15 min
several years
up to several hours

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION no operation

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) front

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Kansas City - Jackson - MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? death

22. I hereby certify that I attended the deceased from 11-22, 1950, to 11-26, 1950, that I last saw the deceased alive on 11-26, 1950, and that death occurred at 12:47 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. R. Lamp (Degree or title) 2

23b. ADDRESS 3503 Prospect

23c. DATE SIGNED 11-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE Nov. 27, 1950

24c. NAME OF CEMETERY OR CREMATORY -

24d. LOCATION (City, town, or county) (State)
Stanberry, Missouri

DATE REC'D BY LOCAL REG. 11-27-50 REGISTRAR'S SIGNATURE Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
R. A. Dutton Kansas City, Mo.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *R. P. Gullett*

Licensed Embalmer No. 3503

P. O. Address Kansas City, Kansas

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.