

FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 341538

680

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

BIRTH NO. _____		REG. DIST. NO. <u>221</u>		PRIMARY REG. DIST. NO. <u>5293</u> Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sandyhook, Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		0629
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LAWRENCE</u>		b. (Middle) <u>FREDRICK</u>	c. (Last) <u>ROSENMILLER</u>
4. DATE OF DEATH		5. SEX (Type or Print) <u>Male</u>			
Dec. 7, 1950		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 6, 1869</u>	9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>owned Home</u>	11. BIRTHPLACE (State or foreign country) <u>Cole County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Rosenmiller</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mengel</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Rossch</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Rosenmiller, Sandyhook, 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>Heart Block.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Infarction</u> DUE TO (c) <u>Diabetes mellitus</u> 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>8 mos</u> <u>6 mos</u> <u>20 years.</u> <u>26 0X</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) (M.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>Feb 23</u> , 19 <u>50</u> , to <u>Dec</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 6</u> , 19 <u>50</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Walter Rosenmiller M.D.</u>		23b. ADDRESS <u>20 Center Street, Moniteau, Mo.</u>		23c. DATE SIGNED <u>12/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetry</u>	24d. LOCATION (City, town, or county) (State) <u>Jamestown, Moniteau, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-12-1950</u>	REGISTRAR'S SIGNATURE <u>Yada zu snow</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILLIAMS FUNERAL HOME, California, Mo.</u>		

RECEIVED 12/14/50
DISTRICT HEALTH OFFICE NO. 3
District File Number _____
Date Filed 12/14/50

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 Embalmer No.

Signed _____
Student Embalmer

Signed *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California 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.