

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43677**  
Registrar's No. **58**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **4412**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Curryville Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Curryville Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles east of Curryville</b>		d. STREET ADDRESS (If rural, give location) <b>3 miles east of Curryville</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ollie</b> b. (Middle) <b>Stella</b> c. (Last) <b>Rose</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 16, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sep 18, 1875</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Frankford, Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>Mason Burroughs</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Waddell</b>	14. NAME OF HUSBAND OR WIFE <b>Robert Kindred Rose</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert K. Rose, Curryville, Mo.</b>
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) <b>Carcinoma of the breast</b> INTERVAL BETWEEN ONSET AND DEATH <b>One year</b> 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. <b>153x</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	
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 <b>Jan 1, 1950</b> , to <b>Dec 16, 1950</b> , that I last saw the deceased alive on <b>Dec 15th, 1950</b> , and that death occurred at <b>3:30A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>James B. Briggs, M.D.</b>		23b. ADDRESS <b>Embroidery Shop, Ymca, Missouri</b>	
23c. DATE SIGNED <b>Dec 16, 1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 18, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Curryville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Curryville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12/30/50</b>		REGISTRAR'S SIGNATURE <b>Bill Johnson</b> <b>254</b>	
		FUNDAL DIRECTOR'S SIGNATURE <b>W. S. Waters</b> ADDRESS <b>Vandalia, Missouri</b>	

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

0820

MAR 8 1951

Date Received: JAN 10 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-140  
Date: JAN 24 1951

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 Wm. B. Waters

Signed.....  
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Jandalia 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.