

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4894**

FILED FEB 17 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. FULL NAME OF HOSPITAL OR INSTITUTION: **3603 Virginia**

d. STREET ADDRESS (If rural, give location) **3603 Virginia**

3. NAME OF DECEASED (Type or Print)
a. (First) **Theodosia** b. (Middle) _____ c. (Last) **Rosette**

4. DATE OF DEATH (Month) (Day) (Year)
2 1 51

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **Jan. 29, 1872**

9. AGE (In years last birthday) **79**

UNDER 1 YEAR Months _____ Days _____ # UNDER 24 HRS. Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Kewanee, Illinois**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Charles E. Rosette**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **none**

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. Walter N. Moore, 3603 Virginia**

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) **Cardiac failure with decompensation**
ANTECEDENT CAUSES **Chronic Cardiovascular renal disease**
Morbidity 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 **Senility**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 wks
2 yrs
44 1/2 h

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **none**

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.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

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

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

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct 5 - 1944**, to **Feb 1 - 1951**, that I last saw the deceased alive on **Jan 30 - 1951**, and that death occurred at **6 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Frederick C. Lamar** (Degree or title) **MD**

23b. ADDRESS **1103 Grand**

23c. DATE SIGNED **Feb 2-51**

24a. BURIAL CREMATION (REMOVAL) (Specify) **Burial**

24b. DATE **2/3/51**

24c. NAME OF CEMETERY OR CREMATORY **Ashland Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

DATE REC'D BY LOCAL REG. **2-2-51** REGISTRAR'S SIGNATURE **Geraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **FREEMAN MORTUARY & CHAPEL, K.C., MO.**

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Fred C. Loran
Prj. Hdy. - 1-4 pm.

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 Willis V. Bennett

Licensed Embalmer No 4438

P. O. Address K. C., 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.