No. 300
10.48

FILED MAR 19 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1008

BIRTH NO. 1584-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 280

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**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 113 West Hyde Park

**3. NAME OF DECEASED** (Type or Print)
a. (First): Linda
b. (Middle): Christine
c. (Last): Rose

**4. DATE OF DEATH** (Month) (Day) (Year): March 11 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: 2-28-51
**9. AGE** (In years last birthday): If under 1 year: Months / Days: 11 — If under 1 hr.: Hours / Min.
**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): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: America

**13a. FATHER'S NAME**: Delbert Rose
**13b. MOTHER'S MAIDEN NAME**: Geraldine Canterbury
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Delbert Rose
ADDRESS: Above

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

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Paralytic Ileus — 36 hrs.

DUE TO (c) Congenital Atresia of Terminal Ileum — 11 days.

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**: 3-9-51
**19b. MAJOR FINDINGS OF OPERATION**: Congenital Atresia of Terminal ileum.
**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) m.:
**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* 3-8, 19 51, *to* 3-11, 19 51, *that I last saw the deceased alive on* 3-11, 19 51, *and that death occurred at* 1:10 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Wm. H. Voorhees (Degree or title): M.D.
**23b. ADDRESS**: 823 Faraon St Joseph
**23c. DATE SIGNED**: 3-11-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-12-51
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Auburn Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Mar 13, 1951
REGISTRAR'S SIGNATURE: Carl C. Casilio
25. FUNERAL DIRECTOR'S SIGNATURE: John E. Stupp
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.