

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11810**

0150
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Lambert</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Cambden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Beach</u>		c. LENGTH OF STAY (If this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Beach rural</u>		0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Home-rural-Cape Beach</u>				d. STREET ADDRESS (If rural, give location) <u>Cape Beach, Township 19 Range 54 - Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Clave</u>		c. (Last) <u>Roseberry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-1951</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>Wht</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 16 - 1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (If kind of work done during most working hours if retired) <u>resort operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>tourist</u>		11. BIRTHPLACE (State or foreign country) <u>Elizastown Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Isaac Roseberry</u>		13b. MOTHER'S M maiden NAME <u>Mary Emory</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Scherrer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Roseberry Cape Beach</u> ADDRESS _____			
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) <u>Acute circulatory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis, old</u> DUE TO (c) <u>and new -</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>Midday</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>4201</u>			
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 <u>12-16</u> , 19 <u>50</u> , to <u>April 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 21</u> , 19 <u>51</u> , and that death occurred at <u>9:50 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. Dale Atterbery</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Cambden Mo</u>		23c. DATE SIGNED <u>4-27-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Canton, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 27-1951</u>		REGISTRAR'S SIGNATURE <u>Zilcha Jew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerard. Wilcox F. Canton</u> ADDRESS <u>Ill</u>			

(Licensed Embalmers' Statement on Reverse Side)

MAY 10 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 Dorsey M. Howe

Signed.....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.