

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22872**

FILED JUL 19 1951

BIRTH NO.		REG. DIST. NO. 139	PRIMARY REG. DIST. NO. 4221	Registrar's No. 55
1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt (441)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound City 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mound City		d. STREET ADDRESS (If rural, give location) Mound City		
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) Thomas		c. (Last) Roseberry
4. DATE OF DEATH July 8, 1951		5. SEX Male ()		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Nov. 2, 1887
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Stock Farming		11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Roseberry		
13b. MOTHER'S MAIDEN NAME Elizabeth Hogan		14. NAME OF HUSBAND OR WIFE Mary Roseberry		
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. 557-24-4285		17. INFORMANT'S SIGNATURE OR NAME Mary Roseberry ADDRESS Mound City, Mo.
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) Multiple Sclerosis ANTECEDENT CAUSES Nervous System 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.		INTERVAL BETWEEN ONSET AND DEATH 5 mo
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 19 49 , to July 8, 1951 , that I last saw the deceased alive on 7-8 , 19 51 , and that death occurred at 12:50 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE D.B. Perry M.D. (Degree or title)		23b. ADDRESS Mound City, Mo.		23c. DATE SIGNED 7-9-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/10/51		24c. NAME OF CEMETERY OR CREMATORY Mound Hope Cemetery
24d. LOCATION (City, town, or county) (State) Mound City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE James H. Crawford ADDRESS Mound City, Mo.		
DATE REC'D BY LOCAL REG. July 10-1951		REGISTRAR'S SIGNATURE [Signature] 122 0		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Mound City, Mo.

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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Normal City, 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.