

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27427**  
Registrar's No. **133**

BIRTH NO.		REG. DIST. NO. <b>155</b>	PRIMARY REG. DIST. NO. <b>3117</b>	Registrar's No. <b>133</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b> <b>0492</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>		c. LENGTH OF STAY (in this place) <b>3 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b> <b>0492</b>		d. STREET ADDRESS (If rural, give location) <b>828 West 3rd St.</b> <b>0</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>PILE</b> c. (Last) <b>ROSE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 22, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 14, 1872</b>	9. AGE (in years last birthday) <b>78</b>	10. IF UNDER 1 YEAR OF UNDER 18 HRS. <b>9</b> <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired RR Express</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RR Express Agent</b>	11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>No data</b>		13b. MOTHER'S MAIDEN NAME <b>No data</b>		14. NAME OF HUSBAND OR WIFE <b>Francis Mae Rose</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Francis Mae Rose Webb City, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Bladder</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>181X</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>6-17-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Multiple Papillomata of Bladder malignancy</b> <b>6/17/51</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) m.	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>10-6</b> , 19 <b>50</b> , to <b>8-15</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>8-15</b> , 19 <b>51</b> , and that death occurred at <b>5 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Charles S. Paddock, MD.</b>		23b. ADDRESS <b>Frisco Bldg. Joplin Mo</b>		23c. DATE SIGNED <b>Aug 25, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 25, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Aug 25-51</b>	REGISTRAR'S SIGNATURE <b>J. L. Hutchins MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b>	ADDRESS <b>Webb City, Mo.</b>		

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

RECEIVED *J-28-51*  
Jasper County Health Office

County File Number 51/8/683  
Date Filed J-29-51

DEF 3 1951

SEP 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.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Richard Gray Lewis*

Licensed Embalmer No. *24405*

P. O. Address *Webb 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.