

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4170

4170

FILED MAR 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Andrew</u>				
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>1 Mo - 16 Dk</u>		c. CITY OR TOWN <u>Vandalia</u> <u>1041</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1 Fulton</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frazier</u> b. (Middle) <u>-</u> c. (Last) <u>Rose</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>5-17-1865</u>		9. AGE (in years last birthday) <u>86</u>	IF UNDER 1 YEAR Days <u>9</u> Hours <u>11</u>	IF UNDER 24 HRS. Min. <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jeromeal Rose</u>			13b. MOTHER'S MAIDEN NAME <u>-</u>		14. NAME OF HUSBAND OR WIFE <u>DK DK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital No. 1 Fulton Mo</u> ADDRESS <u>State Hospital No. 1 Fulton Mo</u>				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>				ANTECEDENT CAUSES				DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				2. Mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia, Nephritis</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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 <u>1-12, 1952</u> , to <u>2-28, 1952</u> , that I last saw the deceased alive on <u>2-27, 1952</u> , and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. C. Caldwell</u> (Degree or title) <u>M.D. M.M.</u>				23b. ADDRESS <u>State Hospital, Fulton Mo</u>		23c. DATE SIGNED <u>2-28-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 1 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 29 1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-6</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glen Smith</u> ADDRESS <u>Vandalia</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

43  
2

**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

*Nancy A Stewart*

Licensed Embalmer No. *3722*

P. O. Address *Fulton 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.