

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12093

State File No. \_\_\_\_\_

FILED APR 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY <u>Buchanan Co. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 days.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City Mo.</u>		<u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Robert</u> c. (Last) <u>Rose</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>10</u> <u>1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11.11.1874</u>	9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR <u>4</u> # UNDER 24 HRS. <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same.</u>	11. BIRTHPLACE (State or foreign country) <u>Oqowka Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Rose</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Rose.</u>
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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>481-24-6482</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Rose</u> ADDRESS <u>King City Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis, general.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 4/7, 1952, to 4.10.1952, that I last saw the deceased alive on 4/10, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Ferguson</u> (Degree or title) _____	23b. ADDRESS <u>420 N. 8th St. Jcm</u>	23c. DATE SIGNED <u>4/11/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4.10.1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>	24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 16, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. H. Jaggart</u> ADDRESS <u>King City Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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of 10-1-52

**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.

Signed R. G. Taggart

Signed .....  
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King 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.