

APR 28 1952

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1351
Registrar's No. 126-735

0493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage 1220 Garrison</u>	
c. LENGTH OF STAY (In this place) <u>44 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1220 Garrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1220 Garrison</u>			
3. NAME OF DECEASED a. (First) <u>Edith</u>		b. (Middle) <u>J.</u>	
c. (Last) <u>Roseno</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 7/1881</u>
9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Tower Hill, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Siegfried</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Middleton</u>	
14. NAME OF HUSBAND OR WIFE <u>William Roseno</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. A. Rose</u>		ADDRESS <u>Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Hypertension</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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>6-13</u> , 19 <u>49</u> , to <u>4-15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>52</u> , and that death occurred at <u>2:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kath H. Prime</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>121 West 7th St.</u>	
23c. DATE SIGNED <u>4-16-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-17-52</u>		REGISTRAR'S SIGNATURE <u>J.B. Clinton, MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>		ADDRESS <u>Carthage, Mo.</u>	

RECEIVED 4-25-52
Jasper County Health Office

County File Number 52/4/320

Date Filed 4-25-52

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.

Student _____
Student Embalmer

Signed *Ray B. Rose*

Licensed Embalmer No. 4779

P. O. Address *Carthage 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.