

MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13393**

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus 0502	
c. LENGTH OF STAY (In this place) 6 weeks		d. STREET ADDRESS (If rural, give location) 710 Delmar 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) S.	c. (Last) Rose	4. DATE OF DEATH (Month) (Day) (Year) 4-23-52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 8, 1881	9. AGE (In years last birthday) 70 10 15	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY laborer	11. BIRTHPLACE (State or foreign country) Saverton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert S. Rose	13b. MOTHER'S MAIDEN NAME Fannie McRatton	14. NAME OF HUSBAND OR WIFE ✓
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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)	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Dumbauld	ADDRESS Festus
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronar Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **3/10**, 19**52**, to **3/22**, 19**52**, that I last saw the deceased alive on **3/22**, 19**52**, and that death occurred at **12 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas Sobine M.D.	23b. ADDRESS Hillsboro, Missouri	23c. DATE SIGNED 4-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-25-52	24c. NAME OF CEMETERY OR CREMATORY Rose Lawn Memorial	24d. LOCATION (City, town, or county) (State) Crystal City, Mo.
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DATE REC'D BY LOCAL REG. 4-25-52	REGISTRAR'S SIGNATURE 141-1	25. FUNERAL DIRECTOR'S SIGNATURE Geneva R. Pollette	ADDRESS Crystal City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1500
4

DATE RECEIVED MAY 5 1952
HEALTH DEPT. MISSOURI
JEFFERSON COUNTY HEALTH DEPT.
ST. LOUIS, MISSOURI

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 Anthony R. Palitto

Licensed Embalmer No. 3481

P. O. Address Crystal 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.