S. No. 300
10-48

FILED JUN 7 1952

STANDARD CERTIFICATE OF DEATH

State File No. 17247

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 158

0644

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (in this place): 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 721 LYON ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL 0644
d. STREET ADDRESS (If rural, give location): 721 LYON ST. 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): HUGHLEY
c. (Last): ROSSER

4. DATE OF DEATH (Month) (Day) (Year): 5, 27, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-8-1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED PAINTER
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (State or foreign country): RALLS COUNTY 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: JAMES ROSSER
13b. MOTHER'S MAIDEN NAME: ANNA LEONARD
14. NAME OF HUSBAND OR WIFE: MRS. EMMA ROSSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Emma Rosser — ADDRESS: Hannibal, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion —
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertrophy of prostate

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1952, *to* May 27, 1952, *that I last saw the deceased alive on* 23 May, 1952, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Voller M.D.
23b. ADDRESS: Hannibal Mo.
23c. DATE SIGNED: May 28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-29-1952
24c. NAME OF CEMETERY OR CREMATORY: BARKLEY CEMETERY
24d. LOCATION (City, town, or county): NEW LONDON (State): MO.

DATE REC'D BY LOCAL REG.: 5/28/52
REGISTRAR'S SIGNATURE: D. E. M. Lucke, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph Clark — ADDRESS: Hannibal Mo

189-B

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 2 1952
MARION CO. HEALTH DEPT.
DATE FILED JUN 4 1952

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 Ralph Clark, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.