

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27144
 State File No.

SEP 2 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>234</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone 01050</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ballouay 0143</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>25 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel Cancer Hospt</u>				d. STREET ADDRESS (If rural, give location) <u>717 Bluff</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u>			b. (Middle) <u>Clifford</u>		c. (Last) <u>Rosson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 23 52</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>4-24-1910</u>	9. AGE (In years last birthday) <u>42</u>	10. UNDER 1 YEAR Months	11. UNDER 2 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Irvin Rosson</u>			13b. MOTHER'S MAIDEN NAME <u>Belle Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Rosson</u>		
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. <u>493-01-7393</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Record</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lympho sarcoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>21001</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) 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 <u>July 29, 1952</u> , to <u>Aug 23, 1952</u> , that I last saw the deceased alive on <u>Aug 22, 1952</u> , and that death occurred at <u>12:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Eugene P. Reinec</u> M.D.				23b. ADDRESS <u>State Cancer Hospital</u>		23c. DATE SIGNED <u>8/23/52</u>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 24/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILL-CREST</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 28 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> 3/7		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maupin Funeral Home Fulton</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP - 2 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Samuel A. Stewart

Licensed Embalmer No. 3722

P. O. Address Galton 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.