

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina, Mo</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edina, Mo.</u> <u>0520</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>Edward</u> c. (Last) <u>Rossiter</u>		4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>24</u> (Year) <u>1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6 1885</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u> Hours <u></u> Min. <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois. Town Unknown</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George W. Rossiter</u>		13b. MOTHER'S MAIDEN NAME <u>Jane "Unknown"</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Rossiter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Rossiter Edina, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal disease</u> <u>2 yrs.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old tuberculosis</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442.XA</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)	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>9-16</u> , 19 <u>52</u> to <u>9-22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>52</u> , and that death occurred at <u>2:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Edina, Mo</u>	23c. DATE SIGNED <u>9-24-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>28 Sept 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Carmel, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>County Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-24-52</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hunalt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ad Grimer Edina, Mo</u>	

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

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 *Mrs J. W. Hudson* _____

Licensed Embalmer No. *2972* _____

P. O. Address *Edina 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.