

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35857**FILED NOV 13 1952 REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **6907** Registrar's No. **60**

1. PLACE OF DEATH - a. COUNTY Remiscot		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Remiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele Coatesburg	
c. LENGTH OF STAY (If in this place) 2 1/2		d. STREET ADDRESS (If rural, give location) Route 1-1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Coatesburg			
3. NAME OF DECEASED a. (First) Judith E		b. (Middle) Rozar	c. (Last) Rozar
4. DATE OF DEATH (Month) (Day) (Year) 10-26-52			
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-25-52
9. AGE (In years last birthday) 0	If UNDER 1 YEAR 0	If UNDER 1 YEAR 1	If UNDER 1 MIN. 1
10a. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Steele, MO
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Rozar		13b. MOTHER'S MAIDEN NAME Claudine O'Kane	14. NAME OF HUSBAND OR WIFE -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME John Rozar Steele MO Rt 1	
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) Calculus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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) 5710	
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 10/24 , 19 52 , to 10/26 , 19 52 , that I last saw the deceased alive on 10/25 , 19 52 , and that death occurred at 4 A m., from the causes and on the date stated above.			
23a. SIGNATURE H. M. Daniel MD		23b. ADDRESS Hornersville MO	23c. DATE SIGNED 10/28/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-27-52	24c. NAME OF CEMETERY OR CREMATORY # 8	24d. LOCATION (City, town, or county) (State) Coatesburg MO
DATE REC'D BY LOCAL REG. 10/31-52	REGISTRAR'S SIGNATURE S. J. O'Keefe	25. FUNERAL DIRECTOR'S SIGNATURE Herman Zandt Co	ADDRESS Steele MO

(Licensed Embalmer's Statement on Reverse Side)

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

0780

0780

11-332-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 12 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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.