

X No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2668

State File No.

FILED JAN 13 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6010 Registrar's No. 21

880
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1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Washington</u> b. COUNTY <u>Don't know</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural-Sugar Creek Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kenton</u> <u>8460</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2819 15th Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Wayside Inn, Hwy. 24</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roselée</u>	b. (Middle)	c. (Last) <u>Druce</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-20-1928</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Albert Lee Halsey</u>	13b. MOTHER'S MAIDEN NAME <u>Rosy Hailey</u>	14. NAME OF HUSBAND OR WIFE <u>Rolland H. Druce</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosy Chasteen</u>	ADDRESS <u>Huntsville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Head</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>auto collision</u> DUE TO (c) <u>This girl was driving the car. She impacted through an adjacent doorway crushing her head & neck</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>See head & neck</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RFD Moberly</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly Randolph MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-1-53 A.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto collision</u>
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22. I hereby certify that I attended the deceased from 1-1-53, 1953, to 1-1-53, 1953, that I last saw the deceased alive on 1-1-53, 1953, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. E. Barnes - 2 Coroner</u>	23b. ADDRESS <u>Moberly Mo</u>	23c. DATE SIGNED <u>Jan-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-4-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-4-53</u>	REGISTRAR'S SIGNATURE <u>Leah Williams Coe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B Patton</u>	ADDRESS <u>Huntsville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 28 1958

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, TN

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.