

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5512

State File No.

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 138-C

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>30 min.</u>	c. CITY OR TOWN <u>Polk</u> <u>0841</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>504 E. Walnut St.</u>	
3. NAME OF DECEASED a. (First) <u>Harry</u> b. (Middle) <u>Robert</u> c. (Last) <u>Rosebrough</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Whi</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 20 1953</u>
9. AGE (In years last birthday) <u>64</u>	f UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	f UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing store</u>	
11. BIRTHPLACE (State or foreign country) <u>Sarcovie Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Rosebrough</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Fester</u>	
14. NAME OF HUSBAND OR WIFE <u>Ada Rosebrough</u>		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>495-05-9127</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Rosebrough</u> ADDRESS <u>Polk 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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>2-7</u> , 19 <u>53</u> , to <u>2-4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/4</u> , 19 <u>53</u> , and that death occurred at <u>10:55P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>J. C. Milgram M.D.</u> (Degree or title)		23b. ADDRESS <u>Polk</u>	
23c. DATE SIGNED <u>2-7-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 8 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcovie Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sarcovie Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>2-10-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	

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

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VS JUN 10 1960

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Wesley B. Erwin

Signed

Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.