S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15430

State File No. .....

FILED APR 20 1953

BIRTH NO. ..... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY Butler 0120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Neely
c. LENGTH OF STAY (In this place) X
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway # 67

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Ripley 0910
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shirley - Rural
d. STREET ADDRESS (If rural, give location) Doniphan, Mo. Rt. # 7

3. NAME OF DECEASED (Type or Print)
a. (First) Gerald
b. (Middle) Eugene
c. (Last) Rosson

4. DATE OF DEATH (Month) (Day) (Year) April 8, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 27, 1929
9. AGE (In years last birthday) 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army
10b. KIND OF BUSINESS OR INDUSTRY X
11. BIRTHPLACE (City and State or Foreign Country) Ripley County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Rosson
13b. MOTHER'S MAIDEN NAME Rosie Medders
14. NAME OF HUSBAND OR WIFE Norma Jean Rosson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1950-1953
16. SOCIAL SECURITY NO. 499-30-1868
17. INFORMANT'S SIGNATURE OR NAME John Rosson ADDRESS Doniphan, Mo. Rt. #7

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) Internal injuries

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) multiple fractures
DUE TO (c) Automobile accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) state Highway
21c. (CITY, TOWN, OR TOWNSHIP) Neely twp 0120 (COUNTY) Butler (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 8-53 - 1045 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile turned over on highway

22. *I hereby certify that I attended the deceased from* ....., 19...., *to* Thursday, 19..., *that I last saw the deceased alive on* ....., 19...., *and that death occurred at* 1045 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Grover W Greer (Degree or title) Coroner
23b. ADDRESS Poplar Bluff Mo
23c. DATE SIGNED 4/11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-11-53
24c. NAME OF CEMETERY OR CREMATORY Wilson Pentecost Cemetery
24d. LOCATION (City, town, or county) Doniphan, Mo. Rt. #7 (State)

DATE REC'D BY LOCAL REG. 4-17-53
REGISTRAR'S SIGNATURE R H Minetree
25. FUNERAL DIRECTOR'S SIGNATURE Black-Edwards ADDRESS Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22

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 Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Springfield, 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.