

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17989**
2745

FILED JUN 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roanoke Nursing Home		d. STREET ADDRESS 41 West 52d St.	
3. NAME OF DECEASED (Type or Print) a. (First) Rose		b. (Middle) T.	
		c. (Last) Doerman	
		4. DATE OF DEATH (Month) (Day) (Year) May 29 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-23-1870
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (If kind of work or occupation of making life, or retired) Ret'd Saleslady	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. D
		10b. KIND OF BUSINESS OR INDUSTRY Ret. Dept. Store	12. COUNTRY OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Leopold Loeffler		13b. MOTHER'S MAIDEN NAME Katherine Heilwick	14. NAME OF HUSBAND OR WIFE Ernest Doerman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Muehlschuster, 41 W 52d
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio-vascular disease			INTERVAL BETWEEN ONSET AND DEATH 4 years
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension			4 years
DUE TO (c) _____			443X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Artery Thrombosis			4 years
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)	
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 Oct. 24, 1949 to May 29, 1953 , that I last saw the deceased alive on May 27, 1953 and that death occurred at 12:30 P. from the causes and on the date stated above.			
23a. SIGNATURE Graham Asher MD (Degree or title)		23b. ADDRESS 1270 Reginald Bldg	23c. DATE SIGNED 5-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-30-53	24c. NAME OF CEMETERY OR CREMATORY Lake Charles
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 5-30-53	REGISTRAR'S SIGNATURE Sheldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Wagner	ADDRESS K C Mo.

MAR 6 1963

Handwritten notes:
Camp
Embalmg.

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 Alvin R. Haunschu

Licensed Embalmer No. 4159

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.