S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21388

State File No.

FILED JUL 6 - 1953

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 151

42 2 0

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clinton Genl Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: HENRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton Mo
d. STREET ADDRESS (If rural, give location): 105 N 5th St 422 0

3. NAME OF DECEASED (Type or Print): a. (First) TRUMAN b. (Middle) E c. (Last) ROSE

4. DATE OF DEATH: (Month) JUNE (Day) 26 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8/13/1893

9. AGE (If years last birthday): 60 — 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): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: LUMBER

11. BIRTHPLACE (State or foreign country): WIDSOR TLL 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James F Rose

13b. MOTHER'S MAIDEN NAME: Elizabeth JOLLF

14. NAME OF HUSBAND OR WIFE: Lue Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): O — (If yes, give war or dates of service): O

16. SOCIAL SECURITY NO.: 496-10-7527

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Lue Rose

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): Left Cerebral (pontine) hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

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.: Hypertension — 1 year

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: 331X

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 1952 *to* June 26, 1953, *that I last saw the deceased alive on* June 26, 1953, *and that death occurred at* 11:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. B. Hughes M.D.

23b. ADDRESS: Clinton Mo.

23c. DATE SIGNED: 6/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 6/29/53

24c. NAME OF CEMETERY OR CREMATORY: HIGGINSVILLE CEM

24d. LOCATION (City, town, or county) (State): HIGGINSVILLE MO

DATE REC'D BY LOCAL REG.: June-29-53

REGISTRAR'S SIGNATURE: Florence Adair 422

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J E Gonsalus Clinton

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1954

JUL 21 1953

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 J. E. Gonsalus

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.