

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27530**

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton, Missouri		c. LENGTH OF STAY (in this place) 2 yrs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kattie Jane Memorial Home		e. STREET ADDRESS (If rural, give location) 6128a Etzel Avenue., 2059	

3. NAME OF DECEASED (Type or Print) a. (First) Estella b. (Middle) E c. (Last) Rose	4. DATE OF DEATH (Month) (Day) (Year) July 30, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 11 1867	9. AGE (In years last birthday) 86	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry DeJarnette	13b. MOTHER'S MAIDEN NAME Mary Karney	14. NAME OF HUSBAND OR WIFE Wm. D. Rose, dec'd
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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) No	16. SOCIAL SECURITY NO. Nil	17. INFORMANT'S SIGNATURE OR NAME B.A. Thompson	ADDRESS 5910 Delmar Blvd.,
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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, asphyxia, 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) Chronic Hypertension		nil
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Coronary Artery Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gravid Pneumonia			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 30, 1949**, to **July 30, 1953**, that I last saw the deceased alive on **July 28, 1953**, and that death occurred at **11:34 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald O. Archibald, M.D.	23b. ADDRESS W. Hamilton, Mo.	23c. DATE SIGNED 8-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-3-53	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri
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DATE REC'D BY LOCAL REG. 8-7-53	REGISTRAR'S SIGNATURE Lloyd Logan	421-	25. FUNERAL DIRECTOR'S SIGNATURE Shepard Mortuary	ADDRESS 1167 Hamilton Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

1090
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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.....
Signature of Student Embalmer

Signed *John S. Demme*.....
Licensed Embalmer No. *4196*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.