No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32348

62171
FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 332

582
0

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

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROOKFIELD
c. LENGTH OF STAY (In this place): 12 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McLARNEY HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROOKFIELD, Mo 0582
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): INFANT DALE
b. (Middle): LINN
c. (Last): ROSSON

4. DATE OF DEATH (Month) (Day) (Year): Oct 1 - 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: 10-1[illegible]-53
9. AGE (In years last birthday): [illegible]
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours 12 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): BROOKFIELD 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: HUBERT ROSSON
13b. MOTHER'S MAIDEN NAME: MARJORIE ANN McCollum
14. ~~NAME OF HUSBAND OR WIFE~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: HUBERT ROSSON - MARCELINE MO

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): PREMATURE

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

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: 7625
20. AUTOPSY? YES ☐ NO ☒

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): — 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* OCT 1, 1953, *to* OCT 2, 1953, *that I last saw the deceased alive on* OCT 1, 1953, *and that death occurred at* 2:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. H. Potter PO
23b. ADDRESS: BROOKFIELD MO
23c. DATE SIGNED: 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-2-53
24c. NAME OF CEMETERY OR CREMATORY: ROSELAWN
24d. LOCATION (City, town, or county) (State): MARCELINE MO

DATE REC'D BY LOCAL REG.: 10-9-53
REGISTRAR'S SIGNATURE: Nadine Stambach 167 Dep.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JAMES McLAUGHLIN, MARCELINE MO

(Licensed Embalmer's Statement on Reverse Side)

Ph 1114

DR H.H. POTHER
Mc LARNEY HOSP
BROOKFIELD MO

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.

Not embalmed

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 1425

P. O. Address 600 E. Santa Fe

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.

Marceline, Mo