

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36585

State File No. _____
Registrar's No. 360

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

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

Green

| | | | |
|--|-------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. CITY OR TOWN <u>Hannibal</u> | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>603 Center</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alicia</u> b. (Middle) <u>Rosser</u> c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 14, 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 22, 1888</u> |
| 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>22</u> | IF UNDER 4 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | | | |
| 13a. FATHER'S NAME <u>George Bartholomew</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carlotta Tomer</u> | 14. NAME OF HUSBAND OR WIFE <u>Hilbert Rosser (deceased)</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. N. Poole</u> |
| 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. | | 18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular Fibrillation</u> | |
| 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) <u>Hannibal Missouri</u> |
| 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 <u>2-4-49</u> , 19 <u>49</u> , to <u>10-14-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-14-53</u> , and that death occurred at <u>11:40 P.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | 23b. ADDRESS <u>M. D. 100 N. Sixth, Hannibal, Mo.</u> | 23c. DATE SIGNED <u>10-16-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/17/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>10-20-53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> |
| | | ADDRESS <u>Hannibal Missouri</u> | |

RECEIVED OCT 23 1958
MARION CO. HEALTH DEPT.
DATE FILED OCT 23 1958

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 *H. Crawford Smith*.....

Licensed Embalmer No. *3814*.....

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