

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39202A

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5056 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BARRY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CORSICANA</u> c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>PURDY MO</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 mi. south of PIERCE City</u>			
f. STREET ADDRESS (If rural, give location) <u>9 mi. south of PIERCE City</u>			

3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Rosewicz</u> c. (Last) <u>Rosewicz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 29 53</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4/29/1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>POLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>ALEXANDER Rosewicz</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES TETNER</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES Rosewicz</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mike Rosewicz RR Purdy</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Blocked coronary artery</u>		INTERVAL BETWEEN ONSET AND DEATH	
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.					

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) m.		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 Nov 29, 1953, to Nov 29, 1953 that I last saw the deceased alive on Nov 29, 1953, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leo D. Freeman MD</u>		23b. ADDRESS <u>Purdy Mo</u>		23c. DATE SIGNED <u>2-17-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Peters &amp; Pauls</u>		24d. LOCATION (City, town, or county) (State) <u>Pulaski, field, MO</u>	
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DATE REC'D BY LOCAL REG. <u>2-8-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. P.N. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Wessell Pierce City MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 255-194

DATE REC. 2-8-55

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 Mr......, Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed William J. Williams.....

Licensed Embalmer No. 5185

P. O. Address Barry Co. 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.