

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44052**

FILED DEC 28 1953

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 443

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge		c. CITY OR TOWN Desloge,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 20yrs		e. STREET ADDRESS (If rural, give location) 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print)	a. (First) Cecil	b. (Middle) Rosener	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 25, 1916	9. AGE (In years last birthday) 37	10. UNDER 1 YEAR 9 Months	11. UNDER 1 HRS. 22 Hours	12. CITIZEN OF WHAT COUNTRY? U. S.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Store oper.	10b. KIND OF BUSINESS OR INDUSTRY Paint & Hardware	11. BIRTHPLACE (City and State or Foreign Country) Near Bonne Terre, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Marvin T. Rosener	13b. MOTHER'S MAIDEN NAME Lillie Harman	14. NAME OF HUSBAND OR WIFE Clara Rosener
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Leamon Rosener	ADDRESS Flat River, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner Jury Verdict: Self inflicted		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot Wound DUE TO (c) gunshot wound in left chest.		
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 E976X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office, office bldg., etc.) Place of business	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Desloge St. Francois Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 17, 1953	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? gunshot wound in left chest with 32 caliber, self inflicted

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Bert G. Miller	(Degree or title) Coroner	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 12/17/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/19/53	24c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cem.	24d. LOCATION (City, town, or county) (State). Bonne Terre R. R. # 2 Mo.
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DATE REC'D BY LOCAL REG. Dec. 18, 1953	REGISTRAR'S SIGNATURE Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son	ADDRESS Desloge, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0940
3

MAR 11 1954 MAR 11 1954

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 *C. Z. Dayer*

Licensed Embalmer No. *1671*

P. O. Address *Meigs, W.*

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.