

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 542

No. 300  
10-28

FILED FEB 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 11

0190

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill</u>	
c. LENGTH OF STAY (in this place) <u>37 years</u>		d. STREET ADDRESS (If rural, give location) <u>Suburban</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Suburban</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Rosanbalm</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-1954</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-7-1897</u>	9. AGE (In years last birthday) <u>57</u>	10. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Lone Mountain Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lewis Breeding</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Simmons</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Rosanbalm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Rosanbalm</u> ADDRESS <u>Pleasant Hill, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Nephrosclerosis</u>		5 years	
		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 <u>446X</u>		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 Jan 18, 1954, to Jan 18, 1954, that I last saw the deceased alive on Jan 18, 1954, and that death occurred at 4-15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Seward Jander</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Pleasant Hill, Mo</u>		23c. DATE SIGNED <u>1/20/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brownfield</u>		ADDRESS <u>Pleasant Hill, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 23 1954</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u> <u>457-09</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1954  
MAR 22 1954

**RECEIVED**  
JAN 30 1954  
CLIFF GILVEY  
HEALTH DEPARTMENT

**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 .....  
Student Embalmer

Signed *Allen Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Plum Hill*

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.