

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4664**

10.300
10.48

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

FILED MAR 8 1954 REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4221** Registrar's No. **14**

1. PLACE OF DEATH
a. COUNTY **Holt**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Holt**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mound City** c. LENGTH OF STAY (in this place) **34 yrs.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mound City**

d. FULL NAME OF HOSPITAL OR INSTITUTION **At Home** d. STREET ADDRESS **099²**

3. NAME OF DECEASED a. (First) **James** b. (Middle) **Henry** c. (Last) **Rostock** **4. DATE OF DEATH** (Month) (Day) (Year) **Mar. 5, 1954**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married** **8. DATE OF BIRTH** **Feb. 7, 1887** **9. AGE** (In years last birthday) **67** if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bookeeper** **10b. KIND OF BUSINESS OR INDUSTRY** **Garage** **11. BIRTHPLACE** (City and State or Foreign Country) **Oregon, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Ferdinand Rostock** **13b. MOTHER'S MAIDEN NAME** **Pauline Bearwald** **14. NAME OF HUSBAND OR WIFE** **Ida M. Rostock**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give year or dates of service) **WW I** **16. SOCIAL SECURITY NO.** **538-26-1532** **17. INFORMANT'S SIGNATURE OR NAME** **Ida M. Rostock, Mound City, Mo.** **ADDRESS**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Virus Pneumonia**
*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused 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. **congestive heart failure**
INTERVAL BETWEEN ONSET AND DEATH **49:2 X**

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **21b. PLACE OF INJURY** (e.g., to 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 **Feb 15, 1954**, to **3-5-54, 1954** **at I last saw the deceased alive on** **3-5**, 1954 **and that death occurred at** **11:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **F. E. Hogan** **23b. ADDRESS** **m 21 Mound City, Mo** **23c. DATE SIGNED** **3-6-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **3/8/1954** **24c. NAME OF CEMETERY OR CREMATORY** **Mount Hope Cemetery** **24d. LOCATION** (City, town, or county) (State) **Mound City, Missouri**

DATE REC'D BY LOCAL REG. **3-6-1954** **REGISTRAR'S SIGNATURE** **James Crawford** **25. FUNERAL DIRECTOR'S SIGNATURE** **James Crawford** **ADDRESS** **Mound City, Mo.**

MAR 26 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
Student Embalmer

Signed James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Trinidad City, N.J.

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.