

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage	c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 123 Lincoln St		e. STREET ADDRESS (If rural, give location) 123 Lincoln St	

3. NAME OF DECEASED (Type or Print) ELIZABETH	a. (First)	b. (Middle) A.	c. (Last) ROSE	4. DATE OF DEATH March 9-1954
--	------------	-------------------	-------------------	----------------------------------

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept 23-1868	9. AGE (In years last birthday) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. school teacher	10b. KIND OF BUSINESS OR INDUSTRY education	11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
------------------	---------------------------	---	----------------------------------	---------------------------------------	---	--	--	-------------------------------------

13a. FATHER'S NAME Reginald H. Rose	13b. MOTHER'S MAIDEN NAME Doshia Early	14. NAME OF HUSBAND OR WIFE ---
--	---	------------------------------------

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 Mrs. F.C. Hodson	ADDRESS 123 Lincoln, Carthage
---	---------------------------------	---	----------------------------------

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction due to fibrosis and arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>4331</i>
--	--	--

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 *11-25, 1948*, to *3-9, 1954*, that I last saw the deceased alive on *3-8-54*, and that death occurred at *10:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>F.C. Hodson</i>	(Degree or title) M.D.	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 3-9-54
--------------------------------------	---------------------------	------------------------------	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE 3-11-1954	24c. NAME OF CEMETERY OR CREMATORY Newcomers Crematory	24d. LOCATION (City, town, or county) (State) Kansas City, Mo
--	------------------------	---	--

DATE REC'D BY LOCAL REG. 3-10-54	REGISTRAR'S SIGNATURE <i>Lloyd B. Clinton</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Knell Mortuary</i>	ADDRESS Carthage, Mo
-------------------------------------	--	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 17 19
Jasper County Health Office
County File Number 54-3-2/
Date Filed MAR 17 19

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 O. L. Isbell, Student Embalmer No. 500, working under my personal supervision.

Student O. L. Isbell
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.