

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15549

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 494

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 6 years		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 1145 Kingsbury		e. STREET ADDRESS (If rural, give location) 1145 Kingsbury	

3. NAME OF DECEASED a. (First) ROSCENA ANN b. (Middle) (Last) MC CLURE (Type or Print) ROSCENA (TRIMBLE)		4. DATE OF DEATH May 19 1954 (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 12, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 84
11. BIRTHPLACE (City and State or Foreign Country) Texas Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James G. (unknown) Trimble	13b. MOTHER'S MAIDEN NAME Polly Groves Ann Richey	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 AND ADDRESS Blanche McClure, Springfield, Mo.

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 suffocation, asphyxiation, etc. It means the disease, injury, or complication which caused death.</i>	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC MYOCARDIAL Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis. DUE TO (c) Degenerative changes of the aged. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3-4 years years. over 5 years.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION +221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE OR 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?

I hereby certify that I attended the deceased from Jan. 7, 1949, to 5-19, 1954, that I last saw the deceased alive on 5-18, 1954, and that death occurred at 12:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE Sheetzauer, M.D.	(Degree or title)	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 5-20-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery.	24d. LOCATION (City, town, or county) (State) Seligman, Missouri

DATE REC'D BY LOCAL REG. 5-21-54	REGISTRAR'S SIGNATURE Paul Williams	25. FUNERAL DIRECTOR'S SIGNATURE Jewell E. Winkle, Springfield, Mo.	ADDRESS Bev
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 4 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
Signature of Student Embalmer

Signed *Gene C. Hunter*

Licensed Embalmer No. *473*

P. O. Address *Springfield*

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.