

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18259

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5231 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Pass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pass</u>	
b. CITY OR TOWN <u>Rural (Sherman Township)</u>	c. LENGTH OF STAY (in this place) <u>2 years</u>	c. CITY OR TOWN <u>Creighton</u>	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. <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>0790</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosie</u> b. (Middle) <u>-</u> c. (Last) <u>Getz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 25, 1869</u>	9. AGE (In years last birthday) <u>84</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Chris Ade</u>		13b. MOTHER'S MAIDEN NAME <u>Margarett Beck</u>		14. NAME OF HUSBAND OR WIFE <u>George Getz</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Getz; Creighton, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>hypertension</u>			<u>6 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerosis.</u>		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>331 X</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?	

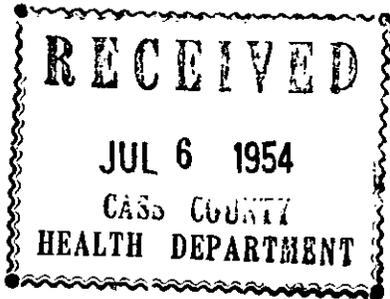
22. I hereby certify that I attended the deceased from May, 1850, to June, 1954, that I last saw the deceased alive on 6-6-1954, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwards S. Jones, M.D.</u>		23b. ADDRESS <u>Harrisonville, Mo</u>		23c. DATE SIGNED <u>6-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/29/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>6/29/54</u>		REGISTRAR'S SIGNATURE <u>Rora Barnard</u>		24d. LOCATION (City, town, or county) (State) <u>Creighton, Mo</u>	
		457		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ronalds Creighton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.480196  
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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.....  
*Ernie R. Arnold*

Licensed Embalmer No...*492*

P. O. Address *Peighton,*

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.