

FILED JUN 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19377

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 120

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) OR TOWN Carthage		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. 625 Sophia		e. STREET ADDRESS (If rural, give location) 625 Sophia	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) Barba	c. (Last) De Rossett	4. DATE OF DEATH (Month) (Day) (Year) 6-6-1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-25-1871	9. AGE (In years last birthday) 82	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Bear Creek, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Barkley	13b. MOTHER'S MAIDEN NAME Barba Dehton	14. NAME OF HUSBAND OR WIFE Ira Derossett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 16	17. INFORMANT'S SIGNATURE OR NAME Ira De Rossett	ADDRESS Carthage, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) interstitial		
	DUE TO (c) arteriosclerosis - senility - totally Blind		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1951, to June 6, 1954, that I last saw the deceased alive on June 5, 1954, and that death occurred at 11:45 A m., from the causes and on the date stated above.

23a. SIGNATURE Thomas H. Wood M.D.	(Degree or title)	23b. ADDRESS Carthage Mo.	23c. DATE SIGNED 6/7/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-9-1954	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Chetopa, Kansas
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DATE REC'D BY LOCAL REG. June 8 - 1954	REGISTRAR'S SIGNATURE Marquet Costello	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22

RECEIVED JUN 17 19
Jasper County Health Office
County File Number 54-6-4
Date Filed JUN 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. Cantelmo*.....

Licensed Embalmer No. 780

P. O. Address *Cartersville*

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.