

FILED NOV 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36227

State File No. 3

1020
1

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

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6140</u>		Registrar's No. <u>604</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY <u>SHELBY</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Claytop</u>		c. LENGTH OF STAY (In this place) <u>2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
b. CITY OR TOWN		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARENCE RD 4</u>		d. STREET ADDRESS (If rural, give location) <u>CLARENCE MO RD 4</u>		b. COUNTY <u>SHELBY</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>HILBERT</u>		b. (Middle) <u>SILAS</u>		c. (Last) <u>ROSSER</u>		<u>NOV 4 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC 13 1906</u>	
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B. ROGERY</u>		9. AGE (In years last birthday) <u>47</u>	
11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		11. BIRTHPLACE (State or foreign country) <u>MARION CO</u>			
13a. FATHER'S NAME <u>HILBERT ROSSER</u>		13b. MOTHER'S MAIDEN NAME <u>ALICIA PARTHAKNEW</u>		14. NAME OF HUSBAND OR WIFE <u>SYLVIA ROSSER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>484-12-0064</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SYLVIA ROSSER CLARENCE 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>Acute coronary thrombosis & myocardial infarction</u>					
		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Hirschler MD</u>		23b. ADDRESS <u>Shelby, Mo</u>		23c. DATE SIGNED <u>11-5-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVET CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HANMORIAL MO</u>	
DATE REC'D BY LOCAL REG. <u>11-5-54</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles P. Green</u>		ADDRESS <u>Clarence Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1954

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

Charles V. Greening

Licensed Embalmer No. 46256

P. O. Address Clarence 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 this body is not embalmed, fact should be so stated above.