

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1275

Registrar's No. 20

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 20				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 51 yrs.		c. CITY OR TOWN Kansas City		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 St. Joseph Hosp.				STREET ADDRESS (If rural, give location) 6004 E. 13th. St.						
3. NAME OF DECEASED (Type or Print) Joseph			a. (First)		b. (Middle) P.		c. (Last) Rose			
4. DATE OF DEATH Jan. 2, 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 5, 1871		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director Rose & Henderson		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Holden, Missouri		
12. CITIZEN OF WHAT COUNTRY? U. S.			13a. FATHER'S NAME Wallace Rose			13b. MOTHER'S MAIDEN NAME Martha Allen		14. NAME OF HUSBAND OR WIFE Olivia L. Rose		
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Olivia Rose 6004 E. 13th. St.				ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Virus pneumonia</i> 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. <i>advanced age and weakness</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>492X</i> <i>? yrs</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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)						
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 <i>Sept 9</i> , 1954, to <i>Jan 2</i> , 1955, that I last saw the deceased alive on <i>Jan 1</i> , 1955, and that death occurred at <i>9:50</i> m., from the causes and on the date stated above.										
23a. SIGNATURE <i>R. Paul Wright</i>				(Degree or title)		23b. ADDRESS <i>Kansas City - 6140</i>		23c. DATE SIGNED <i>Jan 3 '55</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan. 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 1-3-55		REGISTRAR'S SIGNATURE <i>Neva Minshall</i>			25. FUNERAL DIRECTOR'S SIGNATURE Farr & Sons 4139 Truman Rd. K.C. Mo.					

(Licensed Emballer's Statement on Reverse Side)

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

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 H. Cary*

Licensed Embalmer No... *772*

P. O. Address... *N.C.*

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.