No. 300
10.48

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35618

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 199

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

D

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbions

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN: Corder
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0541

3. NAME OF DECEASED (Type or Print)
a. (First): MELVIN
b. (Middle):
c. (Last): ROSE

4. DATE OF DEATH (Month) (Day) (Year): 10 6 55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 6, 1907
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 9, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (City and State or Foreign Country): Blackwood, Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Wesley Rose
13b. MOTHER'S MAIDEN NAME: Bessie Ausbin
14. NAME OF HUSBAND OR WIFE: Amelia Rose Corder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 1927 - 1929
16. SOCIAL SECURITY NO.: 495 09 7879
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Amelia Rose — ADDRESS: Corder, Mo

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): Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c): 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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): Corder Lafayette Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-5 *19*55, *to* 10-6, *19*55, *that I last saw the deceased alive on* 10-6 *19*55 *and that death occurred at* 78 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R Laurence M.D.
23b. ADDRESS: Marshall, Mo
23c. DATE SIGNED: 10-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-8-55
24c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran
24d. LOCATION (City, town, or county) (State): Corder, Mo.

DATE REC'D BY LOCAL REG.: 10-11-55
REGISTRAR'S SIGNATURE: Cecil G. Read. Deputy 385
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Forrest A Hoefer Higginsville Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Forrest A. Hoefer

Licensed Embalmer No. 4358..

P. O. Address Higgins vill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.