

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37546**

FILED NOV 21 1955

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **5791** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Burs Fork		c. CITY OR TOWN California, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Hr		STREET ADDRESS (If rural, give location) Rt # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 1. California, Mo			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Henry c. (Last) DeRossett			4. DATE OF DEATH (Month) (Day) (Year) Oct 31 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 22 1905	9. AGE (In years) Last birthday 50	if UNDER 1 YEAR Months 0	if UNDER 1 YEAR Days 9	if UNDER 24 HRS. Hours 	if UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Samual DeRossett		13b. MOTHER'S MAIDEN NAME Lillie Tombs		14. NAME OF HUSBAND OR WIFE None	
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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) Yes Second World		16. SOCIAL SECURITY NO. 199-10-4267	17. INFORMANT'S SIGNATURE OR NAME Frances Schubert Calif mo.			ADDRESS Calif 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull, crushing injury to chest.				INTERVAL BETWEEN ONSET AND DEATH 10 minutes
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Tree falling on body				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9/01				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Burrifork Township, Moniteau Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 31 1955 9A.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tree fell on him.	

22. I hereby certify that I attended the deceased from **clean, without first seen**, that I last saw the deceased alive on _____, 19____, and that death occurred at **9 A** m., from the causes and on the date stated above.

23a. SIGNATURE Kenneth Labram M.D.		(Degree or title)? MD		23b. ADDRESS California, Mo		23c. DATE SIGNED 10-31-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/2/55	24c. NAME OF CEMETERY OR CREMATORY Holt Cemetery		24d. LOCATION (City, town, or county) (State) Gravois Mill-Rural- Mo		
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DATE REC'D BY LOCAL REG 11-3/55		REGISTRAR'S SIGNATURE H. L. Papey		25. FUNERAL DIRECTOR'S SIGNATURE Edward Bowlin - California		ADDRESS Mo	
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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..... *James H. [Signature]*

Licensed Embalmer No. *49*

P. O. Address *California*

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.