

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4364**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL, and give township) Springfield		c. CITY OR TOWN Springfield	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 OSZARK OSTEOPATHIC HOSPITAL		e. STREET ADDRESS (If rural, give location) 816 W. Brower, Springfield	

3. NAME OF DECEASED (Type or Print) a. (First) Wade b. (Middle) Hampton c. (Last) Derossett			4. DATE OF DEATH (Month) (Day) (Year) 3 7 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12/21/1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Wishert, Missouri	

13a. FATHER'S NAME Mr. Jim Derossett		13b. MOTHER'S MAIDEN NAME Margaret CLARK		14. NAME OF HUSBAND OR WIFE Mrs. Maude Derossett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. yes		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Derossett ADDRESS 816 W. Brower Springfield, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure			
		ANTECEDENT CAUSES			
		DUE TO (b) Inanition and Toxemia DUE TO (c) Anular carcinoma sigmoid colon			
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 2/21/56, to 3/7/56, 1956, that I last saw the deceased alive on 3/7/56, 1956, and that death occurred at 5:20P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard W. Derossett</i>		23b. ADDRESS 700 E. Sunshine Springfield, Missouri		23c. DATE SIGNED 3/7/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-7-56		24c. NAME OF CEMETERY OR CREMATORY Breslauer Cemetery Walnut Grove - Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brown - Daniel - Walnut Grove, Mo.			
DATE REC'D BY LOCAL REG. 3-8-56		REGISTRAR'S SIGNATURE <i>Edith Williamson</i>			

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

APR 13 1956

APR 9 1956

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.....
Licensed Embalmer No. 47

P. O. Address Ash Grove

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.