

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12446

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 496

1. PLACE OF DEATH a. COUNTY <u>Büchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Joseph</u> )		c. LENGTH OF STAY (in this place) <u>6 months</u>	c. CITY OR TOWN <u>Maitland</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunny Slope - Parkview</u>			e. STREET ADDRESS (If rural, give location) <u>0471</u>		
3. NAME OF DECEASED (Type or Print) <u>Walter B Rozell</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>April 30 1956</u>			(Month)	(Day)	(Year)
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar 15, 1876</u>		9. AGE (In years last birthday) <u>80</u>
if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 14 HRS. Hours	if UNDER 14 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Maitland, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Ebenzer Rozell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ross</u>		14. NAME OF HUSBAND OR WIFE <u>Diasy Shields Rozell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maurice Rozell, St Joseph, Mo</u>		
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, athermia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Cerebral arteriosclerosis</u>		
DUE TO (c)			DUE TO (c) <u>Bronchopneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c) <u>Bronchopneumonia</u>		
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. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>June 1955</u> , to <u>4-30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-28</u> , 19 <u>56</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Lucie M. Joly</u> (Degree or title) <u>m.d.</u>		23b. ADDRESS <u>962 Edward St., City</u>		23c. DATE SIGNED <u>5-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/2/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maitland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Maitland, Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 7, 1956</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Stokson, Maryville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 14 1956

MAY 15 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 *G. M. Atchison*.....

Licensed Embalmer No. *24*.....

P. O. Address *Maryville*.....

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