

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5093 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTIN TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>6 DAY</u>	c. CITY OR TOWN <u>CRYSTAL CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROSE HILL NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>209 VIRGINIA AVE. 050/0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> b. (Middle) <u>A.</u> c. (Last) <u>LA ROSE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24, 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 12, 1877</u>	9. AGE (In years last birthday) <u>78</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASS WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P.P. GLASS CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomdale, Mo -</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MOSES LA ROSE</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE MORICE</u>	14. NAME OF HUSBAND OR WIFE <u>LENA ANN LA ROSE</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-03-4342</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. VALLE CARRON, CRYSTAL CITY</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the cause 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) <u>Cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u>		
	DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 17, 1956, to May 17, 1956, that I last saw the deceased alive on May 14, 1956, and that death occurred at 2:57 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>5/20/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 27 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE LAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-28-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James P. Cady, CRYSTAL CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16-0

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 2 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 *James Richard Cady*
Licensed Embalmer No. *4309*
P. O. Address *CRYSTAL*

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.