

62452-55  
FILED AUG 13 1956

STANDARD CERTIFICATE OF DEATH

23416  
State File No. Registrar's No. 709-A

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>1 week</b>	c. CITY OR TOWN <b>Washburn</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>00501</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>Gale</b> c. (Last) <b>Rose</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 1, 1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>never married</b>	8. DATE OF BIRTH <b>10-16-1955</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>0 9 15</b>
10a. USUAL OCCUPATION		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles Rose</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Alice Bruton</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Rose-Washburn, Missouri</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ameglotonia Congenita</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) <b>Atelectasis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>9 mos.</b> <b>2 Wks.</b> <b>9 mos.</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7441</b>		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 5-2-1956, to 8-1-1956, that I last saw the deceased alive on 8-1-1956, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Edwin L. Clayton M.D.</b>		23b. ADDRESS <b>609 Cherry Springfield</b>		23c. DATE SIGNED <b>8-3-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-7-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washburn Prairie Cem. Washburn Missouri</b>		24d. LOCATION (City, town, or county) (State) <b>Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>8-9-56</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Culver Funeral Home-Cassville, Mo. S.E. Culver</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....*Margaret C. Herbert*

Licensed Embalmer No.....*438*

P. O. Address.....*Casson*

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.