

FILED SEP 6 1956 STANDARD CERTIFICATE OF DEATH

State File No. 25937

BIRTH NO.		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5044		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Washburn twp)		c. LENGTH OF STAY (In this place) 73 yrs		c. CITY OR TOWN Washburn		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 3/4 mi. West of Washburn				e. STREET ADDRESS (If rural, give location) 3/4 mi. West of Washburn 00500			
3. NAME OF DECEASED (Type or Print) a. (First) OLLIE ELIZABETH b. (Middle) ROSE c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 24 56				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 21, 1883		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days 5	IF UNDER 24 HRS. Hours 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Washburn, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Leander Shepherd		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Grimes		14. NAME OF HUSBAND OR WIFE Geo. W. Rose			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Rose Washburn, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Branchopneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute interstitial nephritis 4 wks.</i> DUE TO (c) <i>arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND 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)		446x	
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?			
22. I hereby certify that I attended the deceased from Aug 10, 1956 to Aug 21, 1956, that I last saw the deceased alive on Aug 23, 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Chas. R. Brown 1912				23b. ADDRESS Seligman Mo		23c. DATE SIGNED Aug 26 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-26-56	24c. NAME OF CEMETERY OR CREMATORY Hickman Cemetery		24d. LOCATION (City, town, or county) (State) Barry Co. Mo.		
DATE REC'D BY LOCAL REG. 8-29-56		REGISTRAR'S SIGNATURE Mary McDonald, dep.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis-Williamson Chael C. ssville			

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 956-152

DATE REC. 9-4-56

1966 FEB 1961

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 Myself Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond A. Davis
Licensed Embalmer No. 342

P. O. Address Cassville, Mo.

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.