

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37089

STATE FILE NUMBER

1221

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1221

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Saint Joseph</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Saint Joseph</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>   |                                  | Length of stay in 1b<br><u>40 years</u>   | d. STREET ADDRESS <u>1413 So. 9th St.</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br><u>Rose</u> First <u>L. Edgar</u> Middle Last  |                                  |   | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>14</u> Year <u>1956</u>   |   |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 19, 1881</u>   | 9. AGE (In years last birthday)<br><u>74</u>                            | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>11</u> Hours <u>0</u> Min.                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br>*****  |  | 11. BIRTHPLACE (City and state or country)<br><u>Wheeling, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13. FATHER'S NAME<br><u>John D. Forte</u>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Nancy Hart</u>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> *****  |                                  | 16. SOCIAL SECURITY NO.<br><u>498-24-8862</u>   | 17. INFORMANT<br><u>B. J. Edgar St. Joseph, Mo</u> Address   |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of Gall Bladder with extension to and obstruction of the bile ducts</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>duets</u><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><u>155X</u> |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 yrs</u>                                      |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |   |   |
| 20c. TIME OF INJURY<br>Hour <u>11:30</u> Month, Day, Year <u>11-14-56</u><br>a. m. p. m.  |                                  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY STATE  |
| 21. I attended the deceased from <u>11-5-56</u> , to <u>11-14-56</u> and last saw her alive on <u>11-14-56</u> .<br>Death occurred at <u>11:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>John R. M. Daniel M.D.</u>   |                                  |   | 22b. ADDRESS<br><u>902 Edmond St. St. Joseph, Mo</u>   |   | 22c. DATE SIGNED<br><u>11-15-56</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                                  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY   |   | 23d. LOCATION (City, town, or county) (State)   |
| <u>Burial</u>   |                                  | <u>Nov. 17, 1956</u>  | <u>Ashland Cemetery</u>  |   | <u>St. Joseph, Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Barry-Harman St. Joseph, Mo</u>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Nov 23, 1956</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Ether M. Allison</u>                    |   |

health, Welfare public service  
 0000-1-56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, or other person certifying to a death due to natural causes will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Charles M. Zarn* .....

Licensed Embalmer No. *44*

P. O. Address *Waltham*

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.