

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38589**

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY OR TOWN Lexington	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 411 South 20th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle)	c. (Last) ROSTINE Sr.	4. DATE OF DEATH (Month) (Day) (Year) November 25, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3, 1906	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	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) Street Commissioner	10b. KIND OF BUSINESS OR INDUSTRY City of Lexington	11. BIRTHPLACE (City and State or Foreign Country) Pittsburg, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Barney Rostine	13b. MOTHER'S MAIDEN NAME Antonia Antoinette	14. NAME OF HUSBAND OR WIFE Minnie Pescetto
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Rostine, Lexington, Mo.	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis	DUE TO (b) perforated duodenal ulcer.		18 hrs.
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c)		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11/25/56	19b. MAJOR FINDINGS OF OPERATION Thoracotomy and massage of heart	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 11/24/56 19, to 11/25/56 19, that I last saw the deceased alive on 11/25/56 19, and that death occurred at 4:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ben H. Brasher M.D.	23b. ADDRESS Lexington, Mo.	23c. DATE SIGNED 11/28/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE November 29, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Lexington, Missouri.
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DATE REC'D BY LOCAL REG. 12-7-56	REGISTRAR'S SIGNATURE	5. FUNERAL DIRECTOR'S SIGNATURE Forrest J. Lempel	ADDRESS Lexington, Missouri.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
W. H. McLean

Licensed Embalmer No. 29

P. O. Address *Leamington*

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.