

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1956

State File No. **40664**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1302**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Washington TWP.</b>	
c. LENGTH OF STAY (In this place) <b>4 months</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Martin Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #3, St. Joseph</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Forest</b> b. (Middle) _____ c. (Last) <b>Rose</b>			4. DATE OF DEATH <b>Dec. 5 1956</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>April 24, 1886</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (State or foreign country) <b>Clinton Co. Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	

13a. FATHER'S NAME <b>Oliver P. Rose</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah J. Stephens</b>		14. NAME OF HUSBAND OR WIFE <b>Winona Rose</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>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Herman Rose</b> ADDRESS <b>Hemple Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Progressive Parkinsons Disease</b>		<b>Unk.</b>
	DUE TO (c) <b>General Debility and Senility</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>350X</b>		

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **8/24**, 19**56**, to **12/5**, 19**56**, that I last saw the deceased alive on **12/4**, 19**56**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Mundy M.D.</b>		23b. ADDRESS <b>2001 Sacramento St. St. Joseph Mo.</b>		23c. DATE SIGNED <b>12/6/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12/7/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>N.E. of Gower Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Dec 12, 1956</b>		REGISTRAR'S SIGNATURE <b>Eather M. Allison</b>		FUNERAL DIRECTOR'S SIGNATURE <b>John H. Murray</b> ADDRESS <b>Gower Mo.</b>	
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(Licensed Embalmer's Placement 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 ME

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower 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 this body is not embalmed, fact should be so stated above.