

Health, Welfare, Public Service

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FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 02 1320
STATE FILE NUMBER
2916

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2916

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in lb one year	d. STREET ADDRESS (If outside, give location) 4109 Paseo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) WILLIAM JOSEPH ROSENTRETER			4. DATE OF DEATH Month June Day 22 Year 1957		
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 29, 1911	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.	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) Public Relations Counselor	10b. KIND OF BUSINESS OR INDUSTRY or-Star Light Theater Springfield, Illinois	11. BIRTHPLACE (City and state or country) Springfield, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph C. Rosentreter	13b. MOTHER'S MAIDEN NAME Nellie Dunn	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) YES W. W. #2	16. SOCIAL SECURITY NO. 487-10-9318	17. INFORMANT Edw. J. Rosentreter-Fairbanks, Alaska	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage + massive left cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 89366 46
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ----- DUE TO (c) -----	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input checked="" 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.) accidentally struck in fist
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 6-16-57 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road	20f. CITY, TOWN, OR LOCATION 123 Kansas City Jackson MO	COUNTY STATE
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21. I attended this deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo C. Sealford Deputy Coroner	(Degree or title) 3	22b. ADDRESS 6627 Market St. Over	22c. DATE SIGNED 6-22-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/25/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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24. FUNERAL DIRECTOR QUIRK & TOBIN-20 W. Linwood, K.C.Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-22-57	26. REGISTRAR'S SIGNATURE Neva Marshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
Geo. C. Kea Tholger



VS MAY 6 1959

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 E. O. Gibson

Licensed Embalmer No. 4137
P. O. Address Kansas City

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.