Goforth FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25803
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 6032 Registrar's No. 2387

1. PLACE OF DEATH
a. COUNTY RIPLEY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL - SHIRLEY — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7 Mi. E. Doniphan — Length of stay in 1b YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY RIPLEY
c. CITY OR TOWN SHIRLEY TWP. 0910 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 Mi. E. Doniphan — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ROSA Middle BELL Last ROSSON
4. DATE OF DEATH Month Day Year JUNE 28 - 1957
5. SEX Female
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH OCT. 14 - 1884
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 8 Days 14 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) HOWELL CO. - MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME SAMUEL MEDDERS
14. MOTHER'S MAIDEN NAME MALINDA SANDERS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address JOHN ROSSON - DONIPHAN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH
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) 490 x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 25-57, to June 28-57 and last saw her/him alive on 6-25-57
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) C. Goforth
22b. ADDRESS Doniphan Mo
22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6-30-1957
23c. NAME OF CEMETERY OR CREMATORY WILSON CH. of GOD CEM.
23d. LOCATION (City, town, or county) (State) RIPLEY CO. - MO.
24. FUNERAL DIRECTOR ADDRESS EDWARDS FUNERAL HOME - DONIPHAN
25. DATE RECD. BY LOCAL REG. 7-15-57
26. REGISTRAR'S SIGNATURE A B Johnston

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene H Parren

Licensed Embalmer No. 48

P. O. Address Rowipha

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.