

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32611**

FILED OCT 4 1957

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **232**

1. PLACE OF DEATH a. COUNTY LIVINGSTON.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY OR TOWN TINA.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 14 Days.		e. STREET ADDRESS (If rural, give location) R.F.D. 2170	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL.			

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Ann c. (Last) ROSE			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 28-57		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Jan-10-1874		9. AGE (In years last birthday) 83		10. MONTHS 8 11. DAYS 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER.		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and State or Foreign Country) CARROLL County, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John Chessman.		13b. MOTHER'S MAIDEN NAME Frances Gibson.		14. NAME OF HUSBAND OR WIFE Silas Rose Tina, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (ee, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Silas Rose Tina, Mo.	
				ADDRESS	

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) _____		Chronic Myocarditis			15 years.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
II. OTHER SIGNIFICANT CONDITIONS		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) 4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept 14, 1957 to Sept 28, 1957, that I last saw the deceased alive on Sept 28, 1957, and that death occurred at 5:30 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D. Dowell, M.D.		23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED 9/28/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT-30-57		24c. NAME OF CEMETERY OR CREMATORY VAN HORN.	
		24d. LOCATION (City, town, or county) (State) Boyard Mo.			

DATE REC'D BY LOCAL REG. 9/28/57		REGISTRAR'S SIGNATURE Francis B. Hill		25. FUNERAL DIRECTOR'S SIGNATURE Thompson Funeral Home, Boyard Mo.	
				ADDRESS	

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

No. 300
10-48

1710

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.....
R. M. Marshall, Jr.

Licensed Embalmer No. *446*

P. O. Address.....
Carroll

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.