

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1078

State File No.

FILED FEB 4 1958

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MOUND CITY</u>		c. CITY OR TOWN <u>MOUND CITY</u>	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) <u>7 mos.</u>		e. STREET ADDRESS (If rural, give location) <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>DUNCAN NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JENNIE</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>ROCKWELL</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JAN 28 1958</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 24 1880</u>	9. AGE (In years last birthday) <u>77</u>	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 24 HRS.: Hours _____ Min. _____
----------------------	-------------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>IN THE HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ANTWERP, OHIO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	--	---	---

13a. FATHER'S NAME <u>HIRAM E. CROUSE</u>	13b. MOTHER'S MAIDEN NAME <u>IDA MERCER</u>	14. NAME OF HUSBAND OR WIFE <u>LEROY L. ROCKWELL</u>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FRED ROCKWELL</u>	ADDRESS <u>MOUND CITY, MO.</u>
---	-------------------------------------	--	--------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
		<u>4344</u>

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)
		<u>4344</u>

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 July 1, 1952, to Jan 28, 1958, that I last saw the deceased alive on Jan 28, 1958, and that death occurred at 5:13 a.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Isaac J. Green</u>	23b. ADDRESS <u>Sm. 2.</u>	23c. DATE SIGNED <u>2-1-58</u>
---	----------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RURAL</u>	24b. DATE <u>1/30/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TARKIO CHAPEL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>HOLT COUNTY, MO.</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-1-58</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u>	ADDRESS <u>MOUND CITY, MO.</u>
--	--	---	--------------------------------

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.....

Licensed Embalmer No. 4796

P. O. Address.....

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.