

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009261

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wekab</u> <u>0320</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cameron</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Maysville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) <u>Community Hosp.</u>		Length of stay in lb <u>7 days</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Perry</u> Middle <u>Bryan</u> Last <u>Rose</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>17</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 14 1906</u>		9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Feed &amp; Seed Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Wekab county, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Perry Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Jackson Rose</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>500-56-0909</u>		17. INFORMANT <u>Mrs. Julia Rose, Maysville, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Paralytic ileus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Peritonitis</u>						5501F <u>7 days</u>	
DUE TO (c) <u>Acute Appendicitis with Rupture</u>						<u>3-10-58</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Whiplash injury to cervical &amp; Dorsal Spine 3-1-58</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.) <u>Collision near St. Joseph, Mo 3-1-58</u>					
20c. TIME OF INJURY Hour <u>3-1-58</u> a.m. <u>3-1-58</u> p.m. <u>3-1-58</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near St. Joseph, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>St. Joseph, Mo.</u>		COUNTY <u>Buchanan</u> STATE <u>Mo.</u>	
21. I attended the deceased from Death occurred at <u>March 17, 1958</u>		and last saw him alive on <u>3-17-58</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. E. Bloom</u>		(Degree or title) <u>DO</u>		22b. ADDRESS <u>2 Cameron Ave.</u>		22c. DATE SIGNED <u>3-22-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-20-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Unity</u>		23d. LOCATION (City, town, or county) (State) <u>Unity, Missouri</u>	
24. FUNERAL DIRECTOR <u>Pelcher Funeral Home</u>		ADDRESS <u>Maysville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-22-58</u>		26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>	

APR 3 1958  
MAR 27 1958

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### 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 *Lora Orlin* .....

Licensed Embalmer No. *4499* .....  
P. O. Address *Mayville, MN* .....

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.