

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030911
STATE FILE NUMBER 8223

XC
SL 17301
FILED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
1-57
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N Grand St Louis Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0502 CITY OR TOWN Festus	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 Vet Adm Hospital		Length of stay in lb 40 Days		d. STREET ADDRESS (If outside, give location) 29 812 Valentine	
3. NAME OF DECEASED (Type or print) First Middle Last William Rose			4. DATE OF DEATH Month Day Year August 25 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/25/97	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Potosi, Missouri 0	
13a. FATHER'S NAME Nick Rose		13b. MOTHER'S MAIDEN NAME Martha Reeves		14. NAME OF HUSBAND OR WIFE Bertha Rose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO.		17. INFORMANT VAH Records 915 N Grand St. Louis, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE PANCREAS					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
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) METASTATIC CARCINOMA OF THE CERVICAL LYMPHNODES UNDETERMINED					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 157x			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 7/16/58 to 8/25/58 and last saw him alive on 8/25/58 Death occurred at 3:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Andrew H. Besan H.D. 0			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 8/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 8-27-1958		23c. NAME OF CEMETERY OR CREMATORY GAMEL CEMETERY		23d. LOCATION (City, town, or county) (State) FESTUS, MISSOURI	
24. FUNERAL DIRECTOR Politte F. Home Festus, Mo.		25. DATE RECD. BY LOCAL REG. AUG 25 58		26. REGISTRAR'S SIGNATURE J. Carl Smith, MD S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 26 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

Henry R. Polite

Licensed Embalmer No. 3481

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.