

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Brown 58-035670

STATE FILE NUMBER

FILED OCT 28 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 238

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Auxvasse</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Callaway Hosp.</b>		Length of stay in lb <b>2Da.</b>	0140 STREET ADDRESS (If outside, give location) <b>0140</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Rosie</b> Middle <b>Price</b> Last <b>English</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>22</b> Year <b>1958</b>		
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>W..</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 17, 1870</b>	9. AGE (In years last birthday) <b>88</b>	FUNDER 1 YEAR Months <b>9</b> Yrs <b>5</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (City and state or country) <b>Callaway Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John D. Kemp</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie S. Craighead</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Hylar English</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs Homer Divers</b>	Address <b>Auxvasse Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Decompensation</b> DUE TO (b) <b>Myocardial Degeneration</b> DUE TO (c) <b>4222</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>10 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour <b></b> Month, Day, Year a.m. <b></b> p.m. <b></b>	20d. INJURY OCCURRED WHILE AT <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 <b>Fulton Mo.</b>	COUNTY <b>Fulton</b>	STATE <b>Mo.</b>
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21. I attended the deceased from Death occurred at <b>10:30 PM</b> on <b>10-22-58</b> and last saw her alive on <b>10-22-58</b> in on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>John J. Brown M.D.</b>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Fulton Mo.</b>	22c. DATE SIGNED <b>10-25-58</b>
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23a. BURIAL, CREMATION, REINTERMENT <b>Burial</b>	23b. DATE <b>10-24-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bachelor Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Bachelor Mo.</b>
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24. FUNERAL DIRECTOR <b>Maupin Funeral Home</b>	ADDRESS <b>Fulton Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 25-1958</b>	26. REGISTRAR'S SIGNATURE <b>Maritta Lawrence</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

260

MS NOV 20 1959

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 *A. J. Pearson* .....  
Licensed Embalmer No. *2555* .....  
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.