Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043004
STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Dexter — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1409 Page St. — Length of stay in Ib 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Dexter — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1409 Page St. — Reside on Farm Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print) First: Lura Middle: I. Last: Rose
4. DATE OF DEATH Month Day Year: Nov. 1, 1958
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 14, 1881
9. AGE (In years last birthday): 77 — 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, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and state or country): Hamilton Co., Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Soloman Kimmett
13b. MOTHER'S MAIDEN NAME: Artencia Savage
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) X X X X X X X X
16. SOCIAL SECURITY NO.
17. INFORMANT: Carl Rose Address: Dexter, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 12 days
DUE TO (c) Arterosclerosis — 15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 10-6-58, to Nov 1, 1958 and last saw him alive on Oct. 31, 1958
Death occurred at 1:44 a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [signature] D.O.
22b. ADDRESS 19 N. Walnut St.
22c. DATE SIGNED 11-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11-2-58
23c. NAME OF CEMETERY OR CREMATORY Dexter cemetery
23d. LOCATION (City, town, or county) (State) Dexter, Mo.
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.
25. DATE RECD. BY LOCAL REG. 11-15-58
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 Marsh Wathen

Licensed Embalmer No. 4717

P. O. Address Dexter Mo.

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.