

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001142

STATE FILE NUMBER

Registration District No. 110

Primary Registration District No. 3024

Registrar's No. 9

300
1-57

FILED FEB 13 1959

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fayette</u> <u>c 45 0</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>601 N. Church St.</u>		Length of stay in 1b <u>30 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>601 N. Church St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JUSTIN LEON ROSSE SR.</u>			4. DATE OF DEATH Month Day Year <u>Jan. 24, 1959</u>		
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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>Nov. 9, 1959</u>	9. AGE (In years (birthday) Months Days) <u>77 2 15</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Store Owner</u>	11. BIRTHPLACE (City and state or country) <u>Glasgow, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Justin A. Rosse</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Laydon</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Burgwin</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-36-5760</u>	17. INFORMANT <u>Mrs J. Leon Rosse Sr. Fayette, Mo</u>
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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) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
DUE TO (b) <u>Coronary atherosclerosis</u>		
DUE TO (c) _____		<u>unknown</u>
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 _____ 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
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21. I attended the deceased from Death occurred on <u>1-24-59</u> <u>11:00 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <u>Francis J. Shan</u> <u>MD</u>	22b. ADDRESS <u>Fayette, Mo</u>	22c. DATE SIGNED <u>1-26-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Type or print) <u>Removal</u>	23b. DATE <u>1/27/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Glasgow, Missouri</u>
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24. FUNERAL DIRECTOR <u>Ralph A. Carr</u>	ADDRESS <u>Fayette, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-26-59</u>	26. REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. If symptoms will be stated, All diseases in Part I must be causally related.

APR 10 1959

APR 16 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 *Ralph A. Cass*

Licensed Embalmer No. *3340*

P. O. Address *Fayette, La.*

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.