

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004886

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 28

300
1-57 1

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gladstone</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Gladstone</u> <u>6000</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>7103 N. Troost</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>7103 N. Troost</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Elmer</u> Last <u>Rosenbaugh</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>12,</u> Year <u>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>Sept 9 1881</u>	9. AGE (In years last birthday) <u>77</u>	10. FUNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	11. IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Corn Products Refinery Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Reynolds Iowa</u>	11. BIRTHPLACE (City and state or country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Peter Rosenbaugh</u>	13b. MOTHER'S MARDEN NAME <u>Mary Ridgeway</u>	14. NAME OF HUSBAND OR WIFE <u>Etta M. Rosenbaugh</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>497-14-1668</u>	17. INFORMANT <u>Elmer L. Rosenbaugh</u> Address <u>Son R.C. Smith</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>Cerebral Vascular Accident (thrombus)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>332X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Benign prostatic Hypertrophy. Recent Parotid Infection</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.)
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20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>	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 COUNTY <u> </u> STATE <u> </u>
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21. I attended the deceased from <u>1-30-58</u> to <u>2-12-59</u> and last saw ^{her} him alive on <u>2-11-59</u> Death occurred at <u>6:33</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Donald E. Kuey, M.D.</u> (Degree or title)	22b. ADDRESS <u>Rte. 1, Box 19, Washland Mo.</u>	22c. DATE SIGNED <u>2-13-59</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/16/59</u>	23c. NAME OF REMETERY OR CREMATORY <u>White Chapel Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Clay Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>D. W. Newcomer's Sons N. K. C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-15-59</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 11 1959

VS SEP 29 1960



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 John H. Kalsbeek

Licensed Embalmer No. 4949
P. O. Address No. Kansas City

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.