

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009895
STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2014 Grand		Length of stay in lb 73 years	d. STREET ADDRESS (If outside, give location) 2014 Grand
3. NAME OF DECEASED (Type or print) First Middle Last Emma A. Rose		4. DATE OF DEATH Month Day Year March 10, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1869
9. AGE (In years last birthday) 90		10. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Sullivan, Indiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James McKinley Brown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Era Rose Sr.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Lillian Rose Address Joplin, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>A. S. H. A. C. Intractable Failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 mos</i>
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) <i>4200</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 <i>12-8-59</i> to <i>3-10-59</i> and last saw her alive on <i>3-9-59</i> Death occurred at <i>11:45 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. Schaefer M.D.</i>		22b. ADDRESS <i>Joplin Mo</i>	22c. DATE SIGNED <i>3-13-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope	23d. LOCATION (City, town or country) (State) <i>West City Joplin Missouri</i>
24. FUNERAL DIRECTOR Thornhill-Dillon		ADDRESS Joplin, Missouri	25. DATE RECD. BY LOCAL REG. <i>3-19-1959</i>
			26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

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-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Robert C. Roller

Licensed Embalmer No. 5062

P. O. Address Spokane, W. Va.

**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.**