

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018141
STATE FILE NUMBER

FILED JUN 10 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 279

300
1-57

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) OR TOWN 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 710 EMPIRE AVE.		Length of stay in 1b 60 YRS	d. STREET ADDRESS (If outside, give location) 710 EMPIRE AVE.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LOU ELLEN (ELLA) ROSENBERY			4. DATE OF DEATH Month Day Year MAY 26, 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 1, 1874	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthdays) Months Days Hours Min. 84
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) HIGH GATE, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILEY REYNOLDS	13b. MOTHER'S MAIDEN NAME LEACY ELLEN GEISLER	14. NAME OF HUSBAND OR WIFE FOSTER L. ROSENBERY, DECD 1938
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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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT DAU- MRS. A. M. CLIFFORD, 710 EMPIRE AVE.
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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) Advanced arteriosclerosis & hypertension Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 10 YRS
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)		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 Month, Day, Year a.m. p.m.	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	STATE
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21. I attended the deceased from Death occurred at 6:30 P 1949 to 5/26/59 and last saw her alive on 5/25/59 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Go Sheet</i>	22b. ADDRESS 2125 Jackson, Joplin, Mos	22c. DATE SIGNED 5/29/59
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23a. BURIAL, CREMATION, EMBALM (Specify) BURIAL	23b. DATE 5-28-59	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY,	23d. LOCATION (City, town, or county) JOPLIN, MISSOURI
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY,	ADDRESS JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 6-5-1959	26. REGISTRAR'S SIGNATURE <i>Doyle Merriam</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

76-0

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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.