URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039432
STATE FILE NUMBER

FILED VS NOV 19 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 319

ENDED

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City, Mo
Length of stay in Ib: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memoral Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN: California, Mo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 205 S East
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Charles Middle Wayne Last Rosecrans
4. DATE OF DEATH: Month Nov Day 11 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/11/12
9. AGE (last birthday): 47
IF UNDER 1 YEAR: Months 7 Days 7
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Baptist Pastor
11. BIRTHPLACE (City and state or country): Valeda Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles P. Rosecrans
13b. MOTHER'S MAIDEN NAME: Ruth Hyatt
14. NAME OF HUSBAND OR WIFE: Lois Rosecrans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 513-20-2857
17. INFORMANT: Mrs Lois H Rosecrans Address: California Mo

DOCUMENT

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): CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 18 Hours
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 1957 to Nov. 11, 1959 and last saw him alive on Nov 11, 1959
Death occurred at 5:10 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: Lionel M Laulaffer MD (Degree or title)
22b. ADDRESS: California Mo.
22c. DATE SIGNED: 11/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/16/59
23c. NAME OF CEMETERY OR CREMATORY: Hardin Cemetery
23d. LOCATION (City, town, or county) (State): Hardin, Mo
24. FUNERAL DIRECTOR ADDRESS: Bowlin Funeral Home- California, Mo
25. DATE RECD. BY LOCAL REG.: 15 November 1959
26. REGISTRAR'S SIGNATURE: R.P. Morris, M.D. Wheeler Dep.

(Licensed Embalmer's Statement on Reverse Side)

US NOV 20 1959

FEB 4 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Jack H Boulin

Signature of Student Embalmer

Licensed Embalmer No. 4933

P. O. Address California,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.