

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001855

FILED VS JAN 19 1960

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STATE FILE NUMBER

Registration District, No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 70 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. # 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2516 E. 41st. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Fred Middle Melvin Last Rosebrough			4. DATE OF DEATH Month January Day 2 Year 1960		
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5. SEX male	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 12-3-1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) furniture store owner	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Shawnee Co., Kansas	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Zade I. Rosebrough	13b. MOTHER'S MAIDEN NAME Ellen Greene	14. NAME OF HUSBAND OR WIFE Alta Hurd Rosebrough
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT Mrs. Margaret Dildine Address Chicago, Ill.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) congestive heart failure		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **arteriosclerotic heart disease**

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 <input checked="" type="checkbox"/> NO <input 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.
Month, Day, Year _____

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 **12-26-59** to **Jan. 2 1960** and last saw ^{her}/_{him} alive on _____
Death occurred at **1-2-60** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. Sawyer</i> (Degree or title) MD	22b. ADDRESS 2400 Cherry	22c. DATE SIGNED 1-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1-4-60	23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kans.
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24. FUNERAL DIRECTOR Weilert Funeral Home ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 1-3-60	26. REGISTRAR'S SIGNATURE <i>Steve Marshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. L. Sawyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B E Weibert

Licensed Embalmer No. 4075

P. O. Address K. C. 8, Mo

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