

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013147

FILED VS APR 12 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2,3640** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Mo. b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3243 Michigan Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARY Middle FORD Last ROSE			4. DATE OF DEATH Month 3 Day 29 Year 1960		
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 9/15/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Teacher (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Public Schls. Colo. & Mo.		11. BIRTHPLACE (City and state or country) Fredericktown, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME G.W. Ford		13b. MOTHER'S MAIDEN NAME Ann Bannon	
14. NAME OF HUSBAND OR WIFE Frank E. Rose		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No. None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Lewis Robertson		Address 5351 Delmar Blvd.			

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) CORONARY ARTERY THROMBOSIS		days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROSIS	years
	DUE TO (c) 420.1	

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
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

21. I attended the deceased from **3/19/60** to **3/29/60** and last saw her alive on **3/29/60**
Death occurred at **1.35 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. Lexas M.D. (Degree or title)	22b. ADDRESS 5535 DELMAR BLVD. ST. LOUIS	22c. DATE SIGNED 3/29/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/1/1960	23c. NAME OF CEMETERY OR CREMATORY Lakewood Pk. Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.
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24. FUNERAL DIRECTOR Alexander & Sons	ADDRESS 6175 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. MAR 31 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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M. J. G.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 Geo. E. McCulloch

Licensed Embalmer No. 282

P. O. Address 190 R...

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.