

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-023013**

FILED VS JUN 22 1960

STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 12

NDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howell</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Willow Springs</u> Length of stay in lb _____ c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Meredith Residence</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u> c. CITY OR TOWN <u>Mtn. View</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) _____ Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>William Emerson Rose</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>May 26 1960</u>				
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>3/21/76</u>	<b>9. AGE (last birthday)</b> <u>84</u>	<b>IF UNDER 1 YEAR</b> Months Days _____	<b>IF UNDER 24 HR</b> Hours Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U S A</u>	
<b>13a. FATHER'S NAME</b> <u>Isriel Rose</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rachel Sheets</u>			<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT</b> Address <u>Alice Krumholz, West Plains, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>unknown</u>	
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 type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21.</b> I attended the deceased from <u>April 9 1960</u> to <u>May 26 1960</u> and last saw <u>her</u> <u>him</u> live on <u>May 25 1960</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Amos L Coffee MD</u>				<b>22b. ADDRESS</b> <u>Willow Springs Mo</u>		<b>22c. DATE SIGNED</b> <u>6/9/60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial n</u>		<b>23b. DATE</b> <u>5/28/60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Green Lawn</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Mtn. View Mo.</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Duncan Funeral Home, Mtn. View, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>6/19/60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Margie Hayes</u>		

DOCUMENT

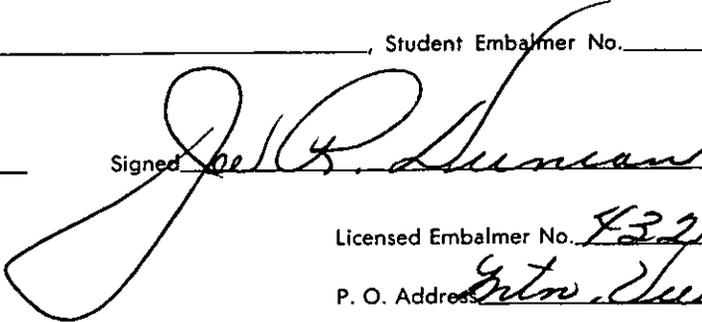
MEDICAL CERTIFICATION

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 432

P. O. Address Getto, Va

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