

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS DEC 5 1960

5656-60-042251
 5656 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 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 2 days	c. CITY OR TOWN Independence	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		d. STREET ADDRESS (If outside, give location) 10321 East 35	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Cleeta Middle E. Last Rosier			4. DATE OF DEATH Month 11 Day 7 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-30-08	9. AGE (last birthday) 52 years	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY Kansas City Mo. Weather Bureau Craig County, Okla.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Emerson Elliott		13b. MOTHER'S MAIDEN NAME NELL MARK		14. NAME OF HUSBAND OR WIFE Ed A. Rosier		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mr. E. A. Rosier 10321 E. 35th St. Ind. Mo.
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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) Carcinoma of rectum		INTERVAL BETWEEN ONSET AND DEATH 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) metastases to liver, retroperitoneal	
	DUE TO (c) over, both lungs	
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

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
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21. I attended the deceased from **6 November** to **7 November 1960** her last saw him alive on **7 November 1960**
 Death occurred at **12:5 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley L. Goldman (Degree or title)	22b. ADDRESS 751 E 63 - Kansas City, Mo	22c. DATE SIGNED 11/8/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-9-60	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	23d. LOCATION (City, town, or county) VINITA, OKLAHOMA
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24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE MO.	25. DATE RECD. BY LOCAL REG. 11-9-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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DOCUMENT BY AFFIDAVIT OF Stanley L. Goldman MEDICAL CERTIFICATION

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 R. Hammett Patterson

Licensed Embalmer No. 469

P. O. Address Indep. Md.

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.