

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

**-60-042686**

STATE FILE NUMBER

FILED VS DEC 8 1960

178

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 100

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY <u>Lewis</u>   |  | a. STATE <u>Missouri</u> COUNTY <u>Lewis</u>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Canton</u>            |  | Length of stay in 1b <u>Life</u>  | c. CITY OR TOWN <u>Canton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u> |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>     | d. STREET ADDRESS (If outside, give location) <u>Route 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|                                     |               |             |                  |           |             |  |
|-------------------------------------|---------------|-------------|------------------|-----------|-------------|--|
| 3. NAME OF DECEASED (Type or print) |               |             | 4. DATE OF DEATH |           |             |  |
| First                               | Middle        | Last        | Month            | Day       | Year        |  |
| <u>John</u>                         | <u>Wesley</u> | <u>Rose</u> | <u>Dec.</u>      | <u>1,</u> | <u>1960</u> |  |

|                    |                               |  |                                    |                                  |                 |                |
|--------------------|-------------------------------|--|------------------------------------|----------------------------------|-----------------|----------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-26-1898</u> | 9. AGE (last birthday) <u>61</u> | 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) <u>farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Lewis County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|---|-----------------------------------|---|---|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>William Daniel Rose</u> | 13b. MOTHER'S MAIDEN NAME <u>Eliza Worley</u> | 14. NAME OF HUSBAND OR WIFE <u>Dorita Chamberlain</u> |
|---|---|---|

|  |                         |   |
|--|-------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Emma Sue Rose, Canton, Mo.</u> |
|--|-------------------------|---|

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| 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)   | <u>Coronary Occlusion</u>           | <u>1 hour</u>                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.            | DUE TO (b) <u>Chronic Nephritis</u> | <u>5 yrs.</u>                    |
|   | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input 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 Nov 5 1950 to Dec 1-60 and last saw her him alive on Dec 1-60  
 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                               |                                 |
|---|-------------------------------|---------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Thomas Y. ...</u> | 22b. ADDRESS <u>CANTON MO</u> | 22c. DATE SIGNED <u>12-2-60</u> |
|---|-------------------------------|---------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-3-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u> | 23d. LOCATION (City, town, or county) (State) <u>Canton, Lewis Co. Mo.</u> |
|---|----------------------------|--|--|

|  |   |   |
|--|---|---|
| 24. FUNERAL DIRECTOR ADDRESS <u>Ernest H. Barkley, Canton, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>12-3-60</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u> |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton

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