

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018448

AMENDED

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 28

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

FILED MAY 23 1961

1. PLACE OF DEATH
 a. COUNTY OSARK
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bridges Length of stay in 1b 14yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY Ozark
 c. CITY OR TOWN Gainesville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Nor. on #5-2nd Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last LEE Roy Rose
 4. DATE OF DEATH Month Day Year MAY 16-1961

5. SEX M 6. COLOR OR RACE W 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 1/21/92 9. AGE (last birthday) 68
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) ARK. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME E.B. Rose 13b. MOTHER'S MÄYDEN NAME Della Cahm 14. NAME OF HUSBAND OR WIFE Esther Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address MRS. Esther Rose Gainesville

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) hypostatic pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 day
 DUE TO (b) carcinoma of larynx - metastatic to lung. 3 mo.
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 10-17-58 to 5-16-61 and last saw ^{her} _{him} live on 5-5-61
 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur L. Beard, Sr. 22b. ADDRESS Gainesville, Mo. 22c. DATE SIGNED 5-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/18/61 23c. NAME OF CEMETERY OR CREMATORY Sims Cemetery 23d. LOCATION (City, town, or county) (State) Gainesville, Mo.

24. FUNERAL DIRECTOR Memorial Funeral Home ADDRESS Arroyo 25. DATE RECD. BY LOCAL REG. 5/20/61 26. REGISTRAR'S SIGNATURE Shana Maban

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Allen Ellis

Licensed Embalmer No. 5743

P. O. Address New Home, Ga

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.