MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016282
STATE FILE NUMBER

WRITE STUB | AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 158

FILED APR 23 1962

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b: 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Campbell Nursing Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Campbell Nursing Home
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: LAURA Middle: Bell Last: Rose

4. DATE OF DEATH Month: April Day: 16 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 9-23 1871
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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

13a. FATHER'S NAME: William Inman
13b. MOTHER'S MAIDEN NAME: Lucy Howard
14. NAME OF HUSBAND OR WIFE: George Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Elsie Moffatt Address: Sedalia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fracture of hip
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Generalized Arteriosclerosis with senility

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 June 1961 to 4/16/62 and last saw her alive on 4/13/62
Death occurred at 3:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald C. Porter M.D.
22b. ADDRESS Sedalia, Mo
22c. DATE SIGNED 4/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-18-62
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill
23d. LOCATION (City, town, or county) (State): Sedalia Mo

24. FUNERAL DIRECTOR: McLaughlin Bros ADDRESS: Sedalia
25. DATE RECD. BY LOCAL REG.: 4-17-1962
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
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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 Jerry J. Cantlon

Licensed Embalmer No. 5153

P. O. Address Sedalia, Mo

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.