MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035319
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 74

FILED SEP 24 1962

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Length of stay in Ib 50 Yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 12 Ussery Dr. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JULIA Middle MAY Last ROSEWELL

4. DATE OF DEATH Month September Day 12 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. September 22, 1898
9. AGE (last birthday) 63 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Denning, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Oliver Perry ROBINSON
13b. MOTHER'S MAIDEN NAME Alice Snell
14. NAME OF HUSBAND OR WIFE Claude Rosewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Claude Rosewell Address Lexington, Mo.

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) Ruptured aneurism from left side of heart — INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocardial infarct. — 2 weeks
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. ☐ 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 _____, to 9-12-62 and last saw her/him alive on 9-12-62
Death occurred at 7:55 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ben H Brasher (Degree or title) M.D.
22b. ADDRESS Lexington, Mo.
22c. DATE SIGNED 9,12,62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-14-62
23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery
23d. LOCATION (City, town, or county) Lexington (State) Mo.

24. FUNERAL DIRECTOR Vaughn-Walker ADDRESS Lexington, Mo.
25. DATE RECD. BY LOCAL REG. 9-13-62
26. REGISTRAR'S SIGNATURE Minerva E Eastabrook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	10542		
2	20542		
3			
4	1		
5	1		
6			
7	1		
8	1		
9	94201		
10			
11			
12	2-0		
13	3-0		

BY AFFIDAVIT OF DOCUMENT

DEC 18 1962

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, 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.