

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042036

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 46

FILED NOV 26 1962	
1. PLACE OF DEATH	
a. COUNTY <i>Clinton</i>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Platte Township</i>	a. STATE <i>Missouri</i> COUNTY <i>Clinton</i>
Length of stay in 1b <i>25yrs</i>	c. CITY OR TOWN <i>Osborn</i>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Osborn R. F. D.</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS <i>R. F. D.</i>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First <i>Mary</i>	Middle <i>Elizabeth</i>
Last <i>Rosenbaum</i>	4. DATE OF DEATH
Month <i>November</i>	
Day <i>17</i>	
Year <i>1962</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/11/1905</i>
9. AGE (last birthday) <i>57</i>	
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) <i>Homemaker</i>	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>Clinton County, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY <i>U. S. C.</i>	
13a. FATHER'S NAME <i>John Golden</i>	
13b. MOTHER'S MAIDEN NAME <i>Susan Mann</i>	
14. NAME OF HUSBAND OR WIFE <i>Frank Rosenbaum (Dec'd)</i>	
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. <i>Not Known</i>	
17. INFORMANT <i>Mrs. Bonnie Shippers, Reed Springs, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <i>Coronary Heart Disease</i>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <i>1955</i> to <i>5-16-59</i> and last saw <sup>her</sup> alive on <i>5-16-59</i> Death occurred at <i>10 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>FD Luckenbill MD</i>	
22b. ADDRESS <i>Plattsburg, Mo.</i>	
22c. DATE SIGNED <i>11-19-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>11/20/1962</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Plattsburg, Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Lyon Funeral Home, Inc., Plattsburg, Mo.</i>	
25. DATE RECD. BY LOCAL REG. <i>11-20-1962</i>	
26. REGISTRAR'S SIGNATURE <i>Mary W. Searee</i>	

VS 300  
Rev. 4/59  
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13 *1-0*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 6 1963

**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 Philip E. Coy

Licensed Embalmer No. 4992

P. O. Address Statenburg, 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.