

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18574

FILED JUL 6 1949

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 300 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler	c. LENGTH OF STAY (In this place) 1	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amsterdam	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hosp.		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) Asa b. (Middle) S. c. (Last) Rosier			4. DATE OF DEATH (Month) (Day) (Year) June 26-1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH 9-12-1868	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Days 5 Hours 14 IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY /	11. BIRTHPLACE (State or foreign country) Bates Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Geo. N. Rosier	13b. MOTHER'S MAIDEN NAME Alice Gibbons	14. NAME OF HUSBAND OR WIFE Hattie Rosier
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____	17. INFORMANT'S SIGNATURE OR NAME Hattie Rosier ADDRESS Amsterdam, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic interstitial Nephritis		
	DUE TO (c) Hypertrophy Prostate 592X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **July 15, 1949** to **June 26, 1949** that I last saw the deceased alive on **June 26, 1949** and that death occurred at **7:10 PM** from the causes and on the date stated above.

23a. SIGNATURE Charles A. Lutz, M.D.	23b. ADDRESS 111 Butler, Mo	23c. DATE SIGNED 6/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-29-49	24c. NAME OF CEMETERY OR CREMATORY Sharron	24d. LOCATION (City, town, or county) (State) Drexel, Missouri
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DATE REC'D BY LOCAL REG. 6-29-49	REGISTRAR'S SIGNATURE Randall Kury	25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold ADDRESS Amsterdam Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 5 1949

RECEIVED

District Health Officer No.

District File Number 6-49

Date Filed 7-5-4

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.

Signed _____

L.A. Mangold

Signed _____

Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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 this body is not embalmed, fact should be so stated above.