

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1949

State File No. **19454**

Registrar's No. **2395**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2395	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 yr 3 mo.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4445 Highland				d. STREET ADDRESS (If rural, give location) 4445 Highland			
3. NAME OF DECEASED (Type or Print) a. (First) Rosezetta Bella b. (Middle) Burton c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) June 1 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 30 1879		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Stocksburg		13b. MOTHER'S MAIDEN NAME Mary Ann Glopsy		14. NAME OF HUSBAND OR WIFE Jesse Burton			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mabel Brookshier Kansas City Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 48 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Previous Coronary Thrombosis 1 year causing myocardial infarction. DUE TO (c) 4201 Hypertensive Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION no					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 19 48 , to June 1, 19 49 , that I last saw the deceased alive on May 31, 19 49 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Harold A. Pallett (Degree or title)				23b. ADDRESS 1132 Prof. Blvd. K.C. Mo.		23c. DATE SIGNED 6/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 3 1949	24c. NAME OF CEMETERY OR CREMATORY Locksprings		24d. LOCATION (city, town, or county) (State) Locksprings Missouri		
DATE REC'D BY LOCAL REG. 6-2-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster 918 Brooklyn Kas. C.Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-6 PM
2/11/56

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 Law Stark
Licensed Embalmer No. 4716

Signed _____
Student Embalmer

P. O. Address to no

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.