

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31539
State File No.

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington</u> OR <u>RURAL</u> <u>St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>17</u> OR <u>Carrollton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4.</u>		d. STREET ADDRESS (If rural, give location) <u>106 So. Locust</u>	
3. NAME OF DECEASED a. (First) <u>WARREN</u> (Type or Print)		b. (Middle) <u>HENRY</u> c. (Last) <u>ROSENBURY</u>	
4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>18</u> (Year) <u>1949</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 6, 1869</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	
11. BIRTHPLACE (State or foreign country) <u>Kendallville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Oliver H. Rosenbury</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Rowe</u>	
14. NAME OF HUSBAND OR WIFE <u>Nell Walker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>515-05-3504A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4,</u> ADDRESS <u>Farmington, Mo.</u>	
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) <u>Coronary thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis with general paresis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>6-das.</u>		Unknown	
Unknown		Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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 <u>Dec. 28, 1947</u> , to <u>Sept. 18, 1949</u> , that I last saw the deceased alive on <u>Sept. 18, 1949</u> , and that death occurred at <u>12:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John A. Brennan MD</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington Mo.</u>	
23c. DATE SIGNED <u>9-20-49</u>		23d. LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-20-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 20, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Redleaf</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley-Gibson</u>		ADDRESS <u>Funeral Home, Carrollton, Mo</u>	

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

RECEIVED 9-26-49

District Health Officer No. 4

District File Number 949-1272

Date Filed.....

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
Student Embalmer

Signed Paul H. Dugal

Licensed Embalmer No. 4120

P. O. Address Lanham, Md

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.