

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

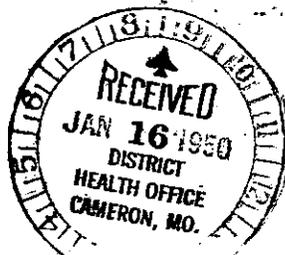
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State File No.

0542
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		0592			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 Third</u>				d. STREET ADDRESS (If rural, give location) <u>202 Third</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>		b. (Middle) <u>May</u>		c. (Last) <u>Rose</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7 1950</u>			
5. SEX <u>Fem!</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Sept. 7, 1867</u>			
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Month <u>4</u> Days <u>0</u>		IF UNDER 11 HRS. Hours <u>0</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (State or foreign country) <u>Vermont, Ill. 1</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>Albert Easley</u>		13b. MOTHER'S MAIDEN NAME <u>Jane unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William Rose</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olive Haley - Chillicothe Mo.</u>				ADDRESS	
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>Chronic Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>							
		DUE TO (c)							
		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"/>	
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) (Min.)		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>Aug 1</u> , 19 <u>49</u> , to <u>Jan 7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 1-4, 1950</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. Collier</u>			(Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Chillicothe Mo.</u>		23c. DATE SIGNED <u>1-8-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Horn</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll Co, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan-9-50</u>		REGISTRAR'S SIGNATURE <u>Francis B Neill</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Jordan - Chillicothe, Mo.</u>				
					ADDRESS				



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 *Donald Jordan*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.