

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1898

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Maryville		c. CITY OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 2 MO.		d. STREET ADDRESS (If rural, give location) 322 West 7th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 322 West 7th			

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) MARSHALL c. (Last) ROSE			4. DATE OF DEATH (Month) (Day) (Year) 1 19 50		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 2/12/69		9. AGE (In years last birthday) 80.		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Marion Co., Illinois	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Thomas Potter		13b. MOTHER'S MAIDEN NAME Unknown Smith		14. NAME OF HUSBAND OR WIFE Chas. Wm. Rose, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myron P. Rose, Maryville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wfs. Cardiac Degeneration DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION*				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 16, 1949 to Jan. 19, 1950, that I last saw the deceased alive on Jan 18, 1950, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. G. Gerten D. O.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 1/19/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/20/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	
24d. LOCATION (City, town, or county) (State) Champaign, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home Maryville, Mo.		DATE REC'D BY LOCAL REG. 1-21-50 REGISTRAR'S SIGNATURE Bess Holt	

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

JUL 19 1950



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 _____

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student Robert L. Souter
Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.