

0173

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>226</u>			
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>					
b. CITY OR TOWN <u>POPLAR BLUFF</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>BORBANK</u>		<u>1110</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMAN</u>			b. (Middle)		c. (Last) <u>ROSE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 6 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>March 1878</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (State or foreign country) <u>WILLIAMSVILLE MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>JERRY ROSE</u>			13b. MOTHER'S MAIDEN NAME <u>JULIA OSBORN</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Rose</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose</u>				ADDRESS <u>Burbank 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>Approx 5 years</u>  <u>420-1</u>	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>4-26, 1950</u> , to <u>5-6, 1950</u> , that I last saw the deceased alive on <u>5-6, 1950</u> and that death occurred at <u>9:45 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank E. Dineen M.D.</u>				23b. ADDRESS			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Comp 8</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 1 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>			428		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred S. Marshall</u> ADDRESS <u>Quincy Mo.</u>		

RECEIVED

JUN 6 - 1950

BUTLER CO. HEALTH CENTER

FILE No. 550-252

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Tris S. Marshall .....

Licensed Embalmer No. 4601 .....

P. O. Address Greenville, 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.