

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33853
Registrar's No. 181

0493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 42 Years		d. STREET ADDRESS (If rural, give location) 1220 S. Garrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 S. Garrison		e. STREET ADDRESS 1220 S. Garrison	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Fredrick c. (Last) ROSENO			4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1950
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31, 1876
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dairyman & Business man.	11. BIRTHPLACE (State or foreign country) Shelby County, Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dairyman & Business man.		10b. KIND OF BUSINESS OR INDUSTRY & Business man.	
11. BIRTHPLACE (State or foreign country) Shelby County, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Fredrick Roseno Sr.		13b. MOTHER'S MAIDEN NAME Mary K, Jones	
14. NAME OF HUSBAND OR WIFE Edith J. Siegfried		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 Edith Roseno, 1220 Garrison	
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) Cerebral Vascular Accident ANTECEDENT CAUSES Atherosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR _____		22. I hereby certify that I attended the deceased from <u>April 1950</u> , to <u>Nov 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 10</u> , 19 <u>50</u> and that death occurred at <u>8:35A</u> -m., from the causes and on the date stated above.	
23a. SIGNATURE Paul H. Binner, M.D. (Degree or title)		23b. ADDRESS Carthage, Mo.	
23c. DATE SIGNED 11-7-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-4-50		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
24d. LOCATION (City, town, or county) (State) Carthage, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ULMER FUNERAL HOME, CARTHAGE, MO.	
DATE REC'D BY LOCAL REG. 11-3-50		REGISTRAR'S SIGNATURE R. B. [Signature] 139	

RECEIVED 11-6-50
Jasper County Health Office

County File Number 50/10/794
Date Filed 11-8-50

FEB 23 1951

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed *John D. Penney*
Student Embalmer No. _____
Licensed Embalmer No. 9194J

P. O. Address _____

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.