

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **38027**

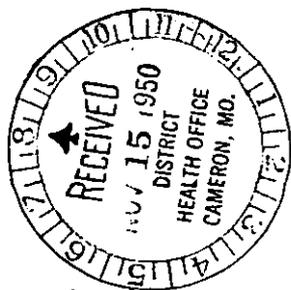
No. 30

830

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

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6960</u>		Registrar's No. <u>88</u>			
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Market, Mo.</u>		c. LENGTH OF STAY (In this place) <u>20</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Market, Mo.</u>		<u>0830</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>					
3. NAME OF DECEASED (Type or Print) <u>John Wesley Rose</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>7,</u> (Year) <u>1950</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. 7, 1851</u>		9. AGE (In years last birthday) <u>99</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 1 Hrs. Min.
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>X</u>		11. BIRTHPLACE (State or foreign country) <u>Knetucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>James B. Rose</u>			13b. MOTHER'S MAIDEN NAME <u>Maria Cox</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</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>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Rose, New Market, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>							<u>4200</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) (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>11-1</u> , 18 <u>40</u> , to <u>11-7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>50</u> , and that death occurred at <u>8 A</u> m. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. L. Dechman M.D.</u>				23b. ADDRESS <u>Dearborn Mo</u>		23c. DATE SIGNED <u>11-7-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 8, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carrolton, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>11-7-50</u>		REGISTRAR'S SIGNATURE <u>Opheia Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>257 Vaughn &amp; Aufranc, Dearborn, Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)



**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 W. R. Vaughn.....

Licensed Embalmer No. 4023.....

P. O. Address Weston, 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.