

FILED APR 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. **11423**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>	c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>	0013
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, 205 Hickory</b>		d. STREET ADDRESS (If rural, give location) <b>Kirksville</b>	

3. NAME OF DECEASED (Type or Print) <b>Journey</b>			a. (First) <b>Rose</b>			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>April 16, 51</b>		
5. SEX <b>Male</b> 0		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> 1		8. DATE OF BIRTH <b>April 6, 1898</b>			9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 12 HRS. Hours <b>10</b>	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Station</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Gasoline</b>				11. BIRTHPLACE (State or foreign country) <b>Putnam County Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>John Wesley Rose</b>			13b. MOTHER'S MAIDEN NAME <b>Iona Johnson</b>			14. NAME OF HUSBAND OR WIFE <b>Lucile Rose</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>unknown</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Lucile Rose</b> ADDRESS <b>Kirksville, Mo</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer cervical glands of neck</b>						<b>3 yrs</b>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <b>Cancer of eye &amp; brain</b>						<b>2 mos</b>	
		DUE TO (c) <b>Anhydremia</b>						<b>2 wks</b>	
		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 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)		<b>1981</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Apr 16, 1941**, to **Apr 16, 1951**, that I last saw the deceased alive on **Apr 16, 1951**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>RD Stiebler M.D.</b>			23b. ADDRESS <b>Kirksville Mo</b>			23c. DATE SIGNED <b>Apr 20 51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 18, 51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills</b>		24d. LOCATION (City, town, or county) (State) <b>Kirksville Mo.</b>		

DATE REC'D BY LOCAL REG. <b>4-20-51</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rudolph Davis</b> ADDRESS <b>Kirksville Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 23 1951  
MAY 2 1951

Date Received: APR 23 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-67-790  
Date Filed: APR 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.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Donald L Roberts*

Licensed Embalmer No. *4722*

P. O. Address *Kirksville, 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.