

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4343

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 41 PRIMARY REG. DIST. NO. 3012 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orrick, Mo.	
c. LENGTH OF STAY (in this place) 10 Days		d. STREET ADDRESS (If rural, give location) 2890 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sharp Nursing Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Minnie	b. (Middle) Belle	c. (Last) Rose	Feb 9-52		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 1, 1876	9. AGE (In years last birthday) 75	IF ORDER IN MONTHS 0	IF ORDER IN DAYS 0	IF ORDER IN HOURS 0	IF ORDER IN MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Thomas Howard Waters	13b. MOTHER'S MAIDEN NAME Martha M. Rowland	14. NAME OF HUSBAND OR WIFE Walter Lee Rose
---	---	---

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 Charles Lee Rose	ADDRESS Huntington
---	--	--	------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral metastasis also back		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 18 min
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Cerebral metastasis		
	DUE TO (c)		
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 170X	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) (Minute)	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 **29 Jan, 1952** to **9 Feb, 1952**, that I last saw the deceased alive on **9 Feb, 1952**, and that death occurred at **8:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray E. Anderson, M.D.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 2-12-52
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 10, 52	24c. NAME OF CEMETERY OR CREMATORY Enon Cemetery	24d. LOCATION (City, town, or county) (State) 3 Mi-S-Excelsior Spg. Mo.
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. 2/9/52	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good	ADDRESS Orrick, Mo.
---	--	---	-------------------------------

(Licensed Emballer's Statement on Reverse Side)

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

2424

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.

Self

Student Embalmer No.

Signed

Victor E. Saminger

Signed.....
Student Embalmer

Licensed Embalmer No. *2896*

P. O. Address *Liberty, 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.