S. No. 300
v. 10.48

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7485

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 15134 Registrar's No. 289

0110
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Washington)
c. LENGTH OF STAY (In this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R. #6 St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Washington Twn.) 0110
d. STREET ADDRESS (If rural, give location): R. F. D. # 6 0

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): — — —
c. (Last): Rose

4. DATE OF DEATH (Month) (Day) (Year): March 12 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 29, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Vogt
13b. MOTHER'S MAIDEN NAME: Amelia Liteschu
14. NAME OF HUSBAND OR WIFE: John

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 / ADDRESS: Mrs. Rose V. Schwarz-St. Joseph, Mo.

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) Bronchical Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 2 weeks
DUE TO (c) Hip fracture — 4 months

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 E9030 20
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 011

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): November 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hip was broken when she fell on Rug in here home in November, 1951

22. *I hereby certify that I attended the deceased from* March 1, 1952, *to* March 11, 1952, *that I last saw the deceased alive on* March 11, 1952, *and that death occurred at* 8:05p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Collis Pounds M.D.
23b. ADDRESS: Kansas Trust Bldg
23c. DATE SIGNED: 3-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bellemont Cemetery
24d. LOCATION (City, town, or county) (State): Wathena, Kansas

DATE REC'D BY LOCAL REG.: March 18, 1952
REGISTRAR'S SIGNATURE: Carl C. Casley 446 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Charles Harman, Harman Funeral Home-Wathena, Ks.

(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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Charles M Flasman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address Wathena, Ks.

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.