

FILED MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8949**
Registrar's No. **5**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 5-607		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milber Red Oak		c. LENGTH OF STAY (If this place) Native		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milber Red Oak		d. STREET ADDRESS (If rural, give location) R.R. #2 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence							
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Washington		c. (Last) Roseman		4. DATE OF DEATH (Month) (Day) (Year) 2-2-1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 7-28-1872	
9. AGE (In years) (last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) North Carolina	
12. CITIZEN OF WHAT COUNTRY? 1		13a. FATHER'S NAME Daniel N. Roseman		13b. MOTHER'S MAIDEN NAME Francis E. Edison		14. NAME OF HUSBAND OR WIFE Deceased	
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 John Roseman		ADDRESS Milber 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) Carcinoma of ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) left arm DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1991				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)			
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 Jan. 3, 1952 , to 2-2 , 1952, that I last saw the deceased alive on 2-1 , 1952, and that death occurred at 4 1/2 m., from the causes and on the date stated above.							
23a. SIGNATURE W. S. Buena				23b. ADDRESS Milber Mo.		23c. DATE SIGNED 1-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-4-1952		24c. NAME OF CEMETERY OR CREMATORY Greys Point		24d. LOCATION (City, town, or county) (State) N.W. of Milber Mo.	
DATE REC'D BY LOCAL REG 1-29-52		REGISTRAR'S SIGNATURE W. S. Buena		25. FUNERAL DIRECTOR'S SIGNATURE Norman Leiman		ADDRESS Milber Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

550
1

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 *S. R. Seimon*

Licensed Embalmer No. 3297

P. O. Address Miller 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.