

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15362**

FILE APR 21 1952

BIRTH NO. _____		REG. DIST. NO. 349		PRIMARY REG. DIST. NO. 6180		Registrar's No. 9			
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan					
b. CITY (If outside corporate limits, with the RURAL and give township) OR TOWN Rural--Morris Twp.		c. LENGTH OF STAY (in this place) 70 yrs		c. CITY (If outside corporate limits, with the RURAL and give township) OR TOWN Rural--Morris Twp.		1050			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 2mi. N E Winigan				d. STREET ADDRESS (If rural, give location) 2 mi. N E Winigan					
3. NAME OF DECEASED (Type or Print) Alonzo Rozal			a. (First)		b. (Middle)		c. (Last) Romine		
4. DATE OF DEATH April 14, 1952		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Dec. 15, 1873		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Peter Romine			13b. MOTHER'S MAIDEN NAME Christina Saffried			14. NAME OF HUSBAND OR WIFE Never married			
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 Alma Brannaman, Green City, 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) Acute Nephritis				INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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) Home Winigan Sullivan Co. Mo					
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 Mon 27 1952 , to Apr 14 1952 , that I last saw the deceased alive on Apr 14 1952 , and that death occurred at 1.20 A.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. Huntington MD				23b. ADDRESS Green City. Mo		23c. DATE SIGNED APRIL 14, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Price Cemetery		24d. LOCATION (City, town, or county) (State) Linn County, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE april 18-1952		REGISTRAR'S SIGNATURE Laura M. Catlett 415		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1952

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.