

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15363
State File No. 15

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6179 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pollock		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pollock	
c. LENGTH OF STAY (in this place) 76 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) William c. (Last) Roseberry			4. DATE OF DEATH (Month) (Day) (Year) 4-3-1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-23 1875	9. AGE (In years last birthday) 76	10. IF UNDER 1 YEAR Months 3 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Operator		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Sullivan Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Roseberry		13b. MOTHER'S MAIDEN NAME Martha True		14. NAME OF HUSBAND OR WIFE (Stanley) Bertie Roseberry	
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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leon Roseberry Pollock-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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 45 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
		DUE TO (c) heart disease			years
		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 4201			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 3, 1952, to April 3, 1952, that I last saw the deceased alive on April 3, 1952, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE Chas. L. Judd		23b. ADDRESS 277 Marshall No 4/4/52		23c. DATE SIGNED 4/4/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-52		24c. NAME OF CEMETERY OR CREMATORY Pollock Cem	
		24d. LOCATION (City, town, or county) Pollock		(State) Mo	

DATE REC'D BY LOCAL REG. April 15-1952		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		25. FUNERAL DIRECTOR'S SIGNATURE (Signature) Address Milan Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Wiley, 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.