S. No. 300
Rev. 10.48

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20244

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 3023 Registrar's No. 186

0422

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clinton Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 305 S. 5th St

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY St Clair 0930
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lowry City
d. STREET ADDRESS (If rural, give location) Town

3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) TORY c. (Last) ROSEBAUGH

4. DATE OF DEATH (Month) 6 (Day) 12 (Year) 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb-3-1893
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 5 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Ruben Rosebaugh
13b. MOTHER'S MAIDEN NAME Eunice McGinness
14. NAME OF HUSBAND OR WIFE No

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME H. B. Rosebaugh ADDRESS Lowry City

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) CEREBRAL EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 332X
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.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 5:45A m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh B. Walker (Degree or title) 3, MD Coroner
23b. ADDRESS Clinton, Mo
23c. DATE SIGNED 13 June 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6 14 52
24c. NAME OF CEMETERY OR CREMATORY Lowry City Cemetery
24d. LOCATION (City, town, or county) Lowry City Mo (State) Mo

DATE REC'D BY LOCAL REG. June 14-52
REGISTRAR'S SIGNATURE Florence Adair 4-2-0
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Clinton

(Licensed Embalmer's Statement on Reverse Side)

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

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.