

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34652**

S. No. 300
rv. 10.48

DOCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>King city Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>King city Mo.</u>	
c. LENGTH OF STAY (In this place) <u>44 Yr.</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Bell</u> c. (Last) <u>Rose</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10.9.1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>7.14.1880</u>			9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Quawaka Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>William French</u>		13b. MOTHER'S MAIDEN NAME <u>Racheal Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Rose.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-24-6489B</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B. Susan Huff. King city Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		
	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 <u>4201</u>		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 18, 1952, to 10.9., 1952, that I last saw the deceased alive on Oct 8, 1952 and that death occurred at 8:20 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Reynolds MD</u> (Degree or title)		23b. ADDRESS <u>Union Star Mo.</u>		23c. DATE SIGNED <u>10.10.52</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Burial</u>		24b. DATE <u>10.11.1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>	
24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>					

DATE REC'D BY LOCAL REG. <u>10-14-52</u>		REGISTRAR'S SIGNATURE <u>Lena Fore</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. G. Taggart King City Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1380

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 R. S. Paggart

Licensed Embalmer No. 2563

P. O. Address King City MD

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.