

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2226

FILED FEB 15 1955

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6053 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montrose (Monegan)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montrose</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. NUMBER <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Rosbaugh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 55</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 14-1861</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>21</u>	Hours <u></u>	Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Clair Co Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John Allison</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Jane Ahrens</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Willard Reichen</u>		ADDRESS <u>Montrose Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>A.S.H.D. & Acute Pulmonary Edema.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>	
ANTECEDENT CAUSES As for 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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Appleton City St. Clair Mo.</u>
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 Jan, 1954, to Feb. 5, 1955, that I last saw the deceased alive on Feb 5, 1955, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. H. Brownberger M.D.</u>	23b. ADDRESS <u>Appleton City Mo.</u>	23c. DATE SIGNED <u>Feb 6 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>
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DATE REC'D. BY LOCAL REG. <u>Feb. 7. 1955</u>	REGISTRAR'S SIGNATURE <u>Chas. Abney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Easthoff</u>	ADDRESS <u>Appleton City Mo.</u>
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(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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton 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.