

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5755**

FILED FEB 28 1955

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place township) 10 minutes		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia <i>0801</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital <i>0</i>				d. STREET ADDRESS (If rural, give location) 916 East Third <i>0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) _____			c. (Last) ROSENMILLER	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1955		5. SEX Male <i>0</i>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <i>2</i>	
8. DATE OF BIRTH October 21, 1881		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General labor	
11. BIRTHPLACE (City and State or Foreign Country) Moniteau County, Mo. <i>0</i>		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fred Rosenmiller		13b. MOTHER'S MAIDEN NAME Lucetta Strunk	
14. NAME OF HUSBAND OR WIFE Tracy Woolers Rosenmiller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Albert Rosenmiller, Jamestown, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion				INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		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 Feb. 16, 1955 , to Feb. 24, 1955 , that I last saw the deceased alive on Feb. 24, 1955 , and that death occurred at 4:20 pm from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Glenn A Walker D.O.				23b. ADDRESS 400 West 4th, Sedalia, Mo.		23c. DATE SIGNED 2/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/55		24c. NAME OF CEMETERY OR CREMATORY Jamestown, Mo.		24d. LOCATION (City, town, or county) (State) Jamestown, Mo. Mo.	
DATE REC'D BY LOCAL REG. 2/26/55		REGISTRAR'S SIGNATURE Lavinia Coontz, Dep.		FUNERAL DIRECTOR'S SIGNATURE William Owens ADDRESS Sedalia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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

P. E. Baker

Licensed Embalmer No. *2419*

P. O. Address. *Sedalia 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.