

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6461

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1665

| | | | | | | | | |
|---|-------------------------------|--|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Crawford</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Robinson</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | | | STREET ADDRESS (If rural, give location) <u>804 So. Franklin St.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> | | | b. (Middle) <u>H.</u> | | c. (Last) <u>Rosborough</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 19, 1955</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 24, 1904</u> | | 9. AGE (In years last birthday) <u>50</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superintendent</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>State Office</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford Co., Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>William Rosborough</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Carrie McCarty</u> | | 14. NAME OF HUSBAND OR WIFE <u>Florence</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>354-26-2443</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Florence Rosborough, Robinson, Ill.</u> | | | ADDRESS _____ | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES <u>Mesenteric Thrombosis</u> Morbidity 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. | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> | |
| 19a. DATE OF OPERATION <u>2/18</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>As above</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) _____ | | 21f. HOW DID INJURY OCCUR? <u>5702</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>February 15, 1955</u> <u>Feb. 19, 1955</u> , that I last saw the deceased alive on <u>Feb. 19, 1955</u> , and that death occurred at <u>10:37 Pm.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>C. Demilia</u> (Degree or title) <u>M. D.</u> | | | 23b. ADDRESS <u>BARNES HOSPITAL</u> | | 23c. DATE SIGNED <u>2/20/55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>2-21-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hardinville</u> | | 24d. LOCATION (City, town, or county) (State) <u>Crawford Co., Ill.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>FEB 21 1955</u> | | REGISTRAR'S SIGNATURE <u>Albert H. Hoppe</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u> | | | | |

(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.....
Signature of Student Embalmer

Signed.....

John J. Haines

Licensed Embalmer No. *416*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.