

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6815

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Berkeley		c. CITY OR TOWN Berkeley 4041	
c. LENGTH OF STAY (in this place) 10 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6239 Evergreen St.		e. STREET ADDRESS (If rural, give location) 6239 Evergreen	

3. NAME OF DECEASED (Type or Print)	a. (First) Janie	b. (Middle) Bell	c. (Last) Rose	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1955.
-------------------------------------	------------------	------------------	----------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1950.	9. AGE (In years) 54	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home.	11. BIRTHPLACE (City and State or Foreign Country) Centralia, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U. S.
---	---	---	------------------------------------

13a. FATHER'S NAME George Mayes	13b. MOTHER'S MAIDEN NAME Laura May Gallop	14. NAME OF HUSBAND OR WIFE Donald E. Rose
---------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Donald E. Rose, Berkeley, Mo.	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		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION June 18, 1954	19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach & metastases 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------------	---	--

17a. 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 <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 6/12, 1954, to 2/12, 1955, that I last saw the deceased alive on 2/10, 1955, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Huebner M.D.	23b. ADDRESS 9 AS Florissant Rd, Ferguson	23c. DATE SIGNED 2/14/55
---	---	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/16/55.	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Mo.
---	--------------------	--	--

DATE REC'D BY LOCAL REG. 2-14-55	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MO.
----------------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Respects

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 *Eleana Province*

Licensed Embalmer No. *340*

P. O. Address *Jurupa*

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.