

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8390**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1108**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY in this place (Specify) 5 yrs	c. CITY OR TOWN Kansas City	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 1637 Mersington		STREET ADDRESS (If rural, give location) 1637 Mersington	

3. NAME OF DECEASED (Type or Print) a. (First) Mance b. (Middle) A. c. (Last) Rose		4. DATE OF DEATH (Month) (Day) (Year) Mar. 8, 1955	
5. SEX 1 male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 19, 1881
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Macon, Ga.
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Frank Rose	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Gladys 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. 432-10-3399	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Rose 1637 Mersington	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure			
*This does not mean the mode of dying, such as heart failure, asthma, 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) Hypertensive Cardiovascular Disease		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		
	*Conditions contributing to the death but not related to the disease or condition causing death.		4434

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)	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 **4-30**, 19**54**, to **3-8**, 19**55**, that I last saw the deceased alive on **3-8**, 19**55**, and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Taff (Degree or title) George H. Taff M.D.	23b. ADDRESS 2204 E. 18th St. K.C. Mo.	23c. DATE SIGNED 3-10-55
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Mar. 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Westlawn
24d. LOCATION (City, town, or county) (State) Kansas City Mo. Kansas		

DATE REC'D BY LOCAL REG. 3-11-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Funeral Home 1700 Benton
--	---	---

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 *Bruce G. Watkins*.....

Licensed Embalmer No. *457*.....

P. O. Address *1700 Center*.....

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.