

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39431

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6165 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>"Rural" Hurley</u>		c. CITY OR TOWN <u>Crane, Rt. #2</u>	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: <u>Rt. #2, Crane</u>		e. STREET ADDRESS (If rural, give location) <u>"Rural" Hurley 109th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>		b. (Middle) <u>Rosewurm</u>	
c. (Last) <u>Rosewurm</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6-1955</u>	
5. SEX <u>male</u>	6. COLOR (OR RACE) <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 7-1874</u>
9. AGE (In years last birthday) <u>81</u>		# UNDER 1 YEAR Months <u> </u> Days <u> </u>	# UNDER 1 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barton Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charley Rosewurm</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine Gerhart</u>		14. NAME OF HUSBAND OR WIFE <u>Belle Blackwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Walter Rosewell</u>		ADDRESS <u>Rt. #2, Crane, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis Heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>H 200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Atherosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>May 12, 1955</u> , to <u>Oct. 6, 1955</u> , that I last saw the deceased alive on <u>Oct. 6, 1955</u> , and that death occurred at <u>7:44 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. D. Murray</u>		23b. ADDRESS <u>Crane Mo.</u>	
23c. DATE SIGNED <u>11-15-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Oct. 7-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith-Ferguson F. Home</u>	
24d. LOCATION (City, town, or county) (State) <u>Licking, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Dean Harris</u>	
DATE REC'D BY LOCAL REG. <u>Dec 9-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Braslow</u>	
ADDRESS <u>Cleaver, Mo.</u>		ADDRESS <u>317-D</u>	

Walter Rosewell (Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1956

DEC 15 1955

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 *J. Dean Harris*

Licensed Embalmer No....4390

P. O. Address *Cleveland, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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