

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40283**

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 185	
1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN			
b. CITY OR TOWN TRENTON		c. LENGTH OF STAY (in this place) 7 DAYS		c. CITY OR TOWN REGER		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION KENYON NURSING HOME				e. STREET ADDRESS (If rural, give location) 1120			
3. NAME OF DECEASED (Type or Print) a. (First) FLORA			b. (Middle) ZELLA		c. (Last) ROSE		4. DATE OF DEATH (Month) (Day) (Year) DEC 23 1955
5. SEX FE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT 21 1879		9. AGE (In years last birthday) 77	F UNDER 1 YEAR Months	F UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MILAN MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MILTON COPELAND			13b. MOTHER'S MAIDEN NAME AMANDA SEARS		14. NAME OF HUSBAND OR WIFE UNKNOWN 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 Edna Jergley		ADDRESS Milan	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia	ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Pulmonary Edema						
	DUE TO (c) Congestive Heart Failure						
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease						
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 Dec 22, 1955 , to Dec 23, 1955 , that I last saw the deceased alive on Dec 23, 1955 , and that death occurred at 6:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) David M. Witten M.D.				23b. ADDRESS 1300 Main St. Trenton Mo		23c. DATE SIGNED 12-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 26, 1955	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD		24d. LOCATION (City, town, or county) (State) MILAN MO		
DATE REC'D BY LOCAL REG. 12-28-55		REGISTRAR'S SIGNATURE Jeanne Fair		25. FUNERAL DIRECTOR'S SIGNATURE Jeggin's Funeral Home		ADDRESS Milan	

(Licensed Embalmer's Statement on Reverse Side)

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

1373 J.

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 *Russell C. Higgin*

Licensed Embalmer No. 378

P. O. Address *Melau...*

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.