

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43236

BIRTH NO. _____		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>4343</u> Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Webster</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour</u>		c. LENGTH OF STAY (in this place) <u>13 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Alonza</u> c. (Last) <u>Rosevear</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28, 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April-24-1875</u>	9. AGE (in years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____
IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	IF UNDER 1 Min. _____	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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Thomas Rosevear</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Newton</u>		14. NAME OF HUSBAND OR WIFE <u>Dora</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-24-6137</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Ada Newton Mansfield</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Medullary Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis & Myocardial Infarction</u>			3 days		
DUE TO (c) <u>Arteriosclerosis</u>			?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H201</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-24, 1954</u> , to <u>Dec-28, 1955</u> , that I last saw the deceased alive on <u>Dec-27, 1955</u> , and that death occurred at <u>9 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. R. Gile D.O.</u>			23b. ADDRESS <u>Seymour, Mo.</u>		23c. DATE SIGNED <u>12/29/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 1-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton</u>		24d. LOCATION (City, town, or county) (State) <u>North East of Seymour</u>
DATE REC'D BY LOCAL REG. <u>1-5-1956</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> 343-0		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Kelley Finell & Sons Seymour</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed How E. Ferrell

Licensed Embalmer No. 4849

P. O. Address Manfield, W. Va.

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