

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>1016</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Alexander</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (In this place) <b>4 months</b>		c. CITY OR TOWN <b>McClure Ill</b>		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 <b>St Francis Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>None</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dorothy</b>		b. (Middle) <b>Mae</b>		c. (Last) <b>Rosenbaum</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 22 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 10 1925</b>	
9. AGE (In years last birthday) <b>30</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>12</b>		IF UNDER 24 HRS. Hours <b>12</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sikeston Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Don't Know</b>		13b. MOTHER'S MAIDEN NAME <b>Margie Pulley</b>		14. NAME OF HUSBAND OR WIFE <b>Lynn Rosenbaum</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>570-445-8869</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fred Baughman</b>		ADDRESS <b>McClure Ill</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural hematoma</b>				<b>14 1/2 hours</b>	
		ANTECEDENT-CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Head injuries</b>				<b>14 1/2 hours</b>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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.) <b>Near Cape Girardeau</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 22 1956 2:00 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK <input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto accident. Allegedly brutally beaten</b>			
22. I hereby certify that I attended the deceased from <b>Jan 22 1956</b> to <b>Jan 23 1956</b> , and that death occurred at <b>5:45 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John Crowe, M.D.</b>				23b. ADDRESS <b>Cape Girardeau Mo</b>		23c. DATE SIGNED <b>Jan 26, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-25 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lindsay Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>McClure Ill</b>	
DATE REC'D BY LOCAL REG. <b>1-28-56</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brinkopf Howell</b>		ADDRESS <b>Wentz Cape Gir Mo.</b>	

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

MAY 7 1960

MAY 11 1958

VS APR 7 1960

**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..... *C. W. H. E. T. S.*

Licensed Embalmer No. *3560*

P. O. Address *Cape Girardeau*

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.