

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1442

State File No.

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS, CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>40 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>6230 AGNES ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKE SIDE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>PETER</u> c. (Last) <u>ROSE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>4</u> <u>56</u>
---------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 3, 1917</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 HRS.
--------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	----------------------------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>CHICAGO ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---------------------------------------------------------------------------------------------------	--------------------------------------------------	-------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>ISREAL ROSE</u>	13b. MOTHER'S MAIDEN NAME <u>PAULINE FEINBERG</u>	14. NAME OF HUSBAND OR WIFE <u>COLEY ROSE</u>
---------------------------------------	---------------------------------------------------	-----------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Coley Rose, 6230 AGNES</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>POSTERIOR MYOCARDIAL INFARCTION</u>		<u>14 HRS.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>CARDIAC DECOMPENSATION</u>		<u>6 MO.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILITY</u>		<u>4201</u>	

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------	-------------------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., to 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 11-19, 1953 to 1-4, 1956 that I last saw the deceased alive on 1-3, 1956, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. A. Schwab</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Oakland Park, Kans</u>	23c. DATE SIGNED <u>1-4-56</u>
---------------------------------------------------------------------	----------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Jan 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>CHICAGO ILLINOIS</u>
----------------------------------------------------------	------------------------------	---------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>1-5-56</u>	REGISTRAR'S SIGNATURE <u>Newman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons 1321 Brush Creek Kansas City, Mo</u>
----------------------------------------	-------------------------------------	-------------------------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

8007 (REVISED 1968)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Adrian Jay Stitt

Signed.....
Student Embalmer

Licensed Embalmer No. 4882

P. O. Address M.O., 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 this body is not embalmed, fact should be so stated above.