

Health, Welfare, Public Service  
 300  
 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED AUG 9 - 1956

STANDARD CERTIFICATE OF DEATH

22764  
 STATE FILE NUMBER  
 3005 Registrar's No. 104

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		c. CITY OR TOWN <b>518 N Main Butler, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Johnstons Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>001/5</b>	
3. NAME OF DECEASED (Type or print) First <b>Mels</b> Middle <b>August</b> Last <b>Rosene</b>		4. DATE OF DEATH Month <b>Aug</b> Day <b>6</b> Year <b>1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 2 1868</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Froster Gamble Soap Co</b>	9. AGE (In years last birthday) <b>88</b>
11. BIRTHPLACE (City and state or country) <b>Sweeden</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Johannas Rosene</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or, unknown) (If yrs. give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mrs Harry Wheeler</b>		Address <b>K C Mo. -4509 Genesee</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiomy edema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>left side heart failure</b>			<b>2 yrs.</b>
DUE TO (c) <b>Chronic myocarditis, hypertrophy</b>			<b>10 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4222</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>July 18 - 56</b> , to <b>Aug. 6 1956</b> and last saw <b>her</b> alive on <b>Aug 6, 1956</b> Death occurred at <b>11: 36</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L. S. La Huer</b> (Degree or title)		22b. ADDRESS <b>Butler, Mo.</b>	22c. DATE SIGNED <b>8-6-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/8/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forrest Hill Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>K C Mo.</b>
24. FUNERAL DIRECTOR <b>Melody, McGilley Eylan</b> ADDRESS <b>K C Mo</b>		25. DATE RECD. BY LOCAL REG <b>8-9-6-56</b>	26. REGISTRAR'S SIGNATURE <b>Rendell Korney</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MIG . 0 1956

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 A. E. Hook  
(Tel.) by K.K.

Licensed Embalmer No. 49

P. O. Address K. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.