

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. **36110**
9459

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY COLUMBIA	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST LOUIS		c. CITY OR TOWN Columbia	
c. LENGTH OF STAY (if this place) 3 wks 3 days		d. Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO-PAC. EMPL. HOSP. ASSN.		e. STREET ADDRESS 309 ST. PAUL ST. (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) OLIVER	b. (Middle) JEROME	c. (Last) ROSE	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 16 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 26, 1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK MAN	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Dr. William Rose	13b. MOTHER'S MAIDEN NAME Magdeline Freckman	14. NAME OF HUSBAND OR WIFE Carrie Rose nee Lepp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 702-18-5824	17. INFORMANT'S SIGNATURE OR NAME Carrie Rose ADDRESS Columbia Illinois
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH May, 1952 - Oct. 16, 1956
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Metastases DUE TO (c) Ca of Prostate		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **SEPT. 22, 1956**, to **OCT. 15, 1956**, that I last saw the deceased alive on **OCT. 15, 1956**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward J. Davis M.D.	23b. ADDRESS Mo. Pac. Emp. Hosp.	23c. DATE SIGNED 10-16-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 18/1956	24c. NAME OF CEMETERY OR CREMATORY St. Paul	24d. LOCATION (City, town, or county) (State) Columbia Monroe Illinois
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DATE REC'D BY LOCAL REG. OCT 17 1956	REGISTRAR'S SIGNATURE Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Josephine Schmitt ADDRESS Columbia
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Josephine Schmed*.....
Licensed Embalmer No. *707*

P. O. Address *Columbus Ill*

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.