

Health,
Welfare
Public
Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20083

STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 635

| | | | | | |
|--|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u> <u>Nodaway</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Maryville, St. Joseph</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u> <u>5 yrs.</u> | | | d. STREET ADDRESS <u>0742</u> (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Rosenia</u> Middle <u>--</u> Last <u>Anthony</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1957</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 2 1873</u> | 9. AGE (In years last birthday) <u>85</u> <u>83</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS.: | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>unknown</u> | | | 14. MOTHER'S MAIDEN NAME <u>unknown</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 Address <u>State Hospital No. 2, St. Joseph</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pulmonary embolism</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>thrombo phelbitis</u> | | | | | <u>15 yrs</u> |
| DUE TO (c) <u>bedfast patient</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Mental condition</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>1</u> |
| 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 <u>a. m.</u> Month, Day, Year <u>p. m.</u> | | | | | |
| 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 <u>Jan., 1957</u> to <u>June 7, 1957</u> and last saw <u>her</u> alive on <u>6-7-57</u> Death occurred at <u>9:15</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>McMahon Paul M.D.</u> | | | 22b. ADDRESS <u>State Hospital #2 City</u> | | 22c. DATE SIGNED <u>6-7-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>June 10, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Gaynor Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Parnell, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc.</u> | | ADDRESS <u>St. Joseph, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>June 12, 1957</u> | 26. REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> |

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: *[Handwritten Signature]*

Licensed Embalmer No. 4678

P. O. Address St. Joseph

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