

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037236

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 115

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Neosho Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 0732 England Hotel Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JAMES HARLINGTON ROSEBERRY | | | 4. DATE OF DEATH Month Day Year Aug. 31, 1958 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Sept. 28, 1898 59 |
| 9. AGE (In years last birthday) 59 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Clerk | 11. BIRTHPLACE (City and state or country) Stella Missouri 0 |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Dr. E. M. Roseberry | |
| 13b. MOTHER'S MAIDEN NAME Francis Louise Hill | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. 499-16-7478 | 17. INFORMANT Gordon Roseberry, Santa Cruz Cal. |
| 18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial Heart Disease DUE TO (c) 4201 | | | INTERVAL BETWEEN ONSET AND DEATH 30 Days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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 7-31-58 to 8-31-58 and last saw him alive on 8-31-58 Death occurred at 9:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Dr. P. Davis M.D. (Describe or title) | | 22b. ADDRESS Neosho Mo | 22c. DATE SIGNED 9-6-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9-4-1958 | 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. | 23d. LOCATION (City, town, or county) (State) Neosho Missouri |
| 24. FUNERAL DIRECTOR Casey Thompson Sr. ADDRESS Neosho Mo | | 25. DATE RECD. BY LOCAL REG. 10-14-58 | 26. REGISTRAR'S SIGNATURE Melvin C. Berman, M.D. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

6901 92 031
FEB 26 1958

District Health Officer No. *Newton*

District File Number 1058-212

Date Filed DEC 17 1958

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 *Carey Thompson Sr.*
Licensed Embalmer No. 3259

P. O. Address Neosho Misso

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.