THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002491
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 292 Primary Registration District No. 6002 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Ralls,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saltriver Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.Perry,Mo. — Length of stay in Ib 63Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Ralls,
c. CITY OR TOWN R.F.D.Perry,Mo. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Saltriver Township — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: MARY Middle: ELIZABETH Last: ROSENSTENGEL.
4. DATE OF DEATH Month Day Year: Jan 13,1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 2,1895
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.
10b. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (City and state or country): Ralls Co,Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harvey Logermen,
14. MOTHER'S MAIDEN NAME: Florence Utterback
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT: Jess Rosenstengel. Address: Perry,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 Yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mell.
DUE TO (c) Myocarditis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 2 59, to Jan. 13-59 and last saw her/him alive on Jan. 13-59
Death occurred at 5:00 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ernest T. Swan D.O.
22b. ADDRESS Perry,Missouri.
22c. DATE SIGNED 1-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-16-1959
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery.
23d. LOCATION (City, town, or county) (State) Ralls Co,Missouri.

24. FUNERAL DIRECTOR Clyde E. Wiseley — ADDRESS Perry,Missouri.
25. DATE RECD. BY LOCAL REG. 1-16-1959
26. REGISTRAR'S SIGNATURE Clyde E. Wiseley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Received in Ralls County Health Office 1/19/59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Clyde C. [illegible]

Licensed Embalmer No...38

P. O. Address Perry, Mi

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.