

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016417

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <b>Saline</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>Marshall</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Butler</b> <b>0070</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. State School</b>		Length of stay in lb <b>22</b>	d. STREET ADDRESS (If outside, give location) <b>R.F.D. 3</b>
3. NAME OF DECEASED (Type or print) First <b>Hollis</b> Middle <b>Vincent</b> Last <b>Rosier</b>			4. DATE OF DEATH Month <b>May</b> Day <b>8</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-18-1912</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Patient in institution</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>p----</b>	9. AGE (In years last birthday) <b>46</b>
11. BIRTHPLACE (City and state or country) <b>Butler, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>F. C. Rosier</b>		14. MOTHER'S MAIDEN NAME <b>Lula Funk</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT <b>Mo. State School Records, Marshall, Mo.</b>		Address	
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>Gastric hemorrhage--cause unknown</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Mongoloid idiot; chronic invalid.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>1</b>
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>March 2, '59</b> , to <b>May 8, '59</b> and last saw <sup>him</sup> <del>her</del> alive on <b>May 7, '59</b> Death occurred at <b>12:45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Hollis B. Rosier</b> H. D.		22b. ADDRESS <b>Mo. State School, Marshall, Mo.</b>	22c. DATE SIGNED <b>5-8-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-8-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>	23d. LOCATION (City, town, or county) (State) <b>Butler Mo</b>
24. FUNERAL DIRECTOR <b>Underwood Funeral Home, Butler, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-8-59</b>	26. REGISTRAR'S SIGNATURE <b>Cecil G. Reed</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
ANTHONY B. DAY

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

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 *Harry Herzberger*

Licensed Embalmer No. *42*

P. O. Address *Marshall*

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.