

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021989

JUL 13 1959
Registration District No. 164

Primary Registration District No. 3932

Registrar's No. 89

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		c. CITY OR TOWN Warrensburg	
Length of stay in 1b 30 Yr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 520 Maple Ave.		d. STREET ADDRESS (If outside, give location) 520 Maple Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mattie Middle Rosenthal Last Collins			4. DATE OF DEATH Month July Day 3 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/30/1885	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Warrensburg, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Rosenthal		13b. MOTHER'S MAIDEN NAME Helen Alexander		14. NAME OF HUSBAND OR WIFE C. R. Collins		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT C. R. Collins	Address Warrensburg, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Aneurysm of Aorta - Rupture		24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) - Rupture	
	DUE TO (c) Atherosclerosis & Hypertension	2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. _____	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Warrensburg	COUNTY Johnson	STATE Missouri
21. I attended the deceased from 1950 to 7-3-59 and last saw her alive on 7-2-59 Death occurred at 6 a m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE R. Lee Cooper MD (Degree or title)		22b. ADDRESS Warrensburg Mo		22c. DATE SIGNED 7/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/6/1959	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town or county) (State) Warrensburg, Mo.	

24. FUNERAL DIRECTOR Sweeney-Phillips	ADDRESS Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG. July 6, 1959	26. REGISTRAR'S SIGNATURE Savannah Cutchfield
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1859 AUG 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Morris D Bailey

Licensed Embalmer No. 488

P. O. Address Warrensburg

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