

**RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS AUG 17 1959**

**59-024062**

Registration District No. 13 Primary Registration District No. 3005 Registrar's No. 114

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MONETT</u>		Length of stay in 1b <u>1 WK.</u>	c. CITY OR TOWN <u>VERONA</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. VINCENTS</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>ROUTE # 2</u>		
3. NAME OF DECEASED (Type or print) First <u>ROSA</u> Middle <u>ANNE</u> Last <u>WILKEN</u>			4. DATE OF DEATH Month <u>August</u> Day <u>2</u> Year <u>1959</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-12-1882</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>BEAVER CREEK - ILL.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>GOTTFREID ROSSLETT</u>		13b. MOTHER'S MAIDEN NAME <u>MAXIE DELLENBACK</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-42-8576</u>	17. INFORMANT <u>TED WILKEN - VERONA - R-2</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>Metastatic Melanosarcoma of Rectum 1yr.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Ben Arteriosclerosis</u>				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 <u>11-15-55 to 8-2-59</u>		COUNTY _____ STATE _____		
21. I attended the deceased from <u>5:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>F. Edwards M.D.</u>			22b. ADDRESS <u>Monett, Mo</u>		22c. DATE SIGNED <u>8-5-59</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Aug. 6-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FRIESTATT CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>LAWRENCE-Co. MISSOURI</u>			
24. FUNERAL DIRECTOR <u>OSCAR MARSA - AURORA - MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>8-6-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. P.D. Cook</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Orson L. Marsh

Licensed Embalmer No. 3812

P. O. Address AURORA - M

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.