URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-039706
STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1297

AMENDED

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 414 E. Harrison — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 414 E. Harrison — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ralph Middle: W. Last: Roseberry
4. DATE OF DEATH: Month: November Day: 29, Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 14 Nov. 1902
9. AGE (last birthday): 57 — 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): Real Estate Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: E.C. Roseberry
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Lenore Roseberry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Lenore Roseberry (Wife) Address: Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary insufficiency, Chronic. 3 yrs
DUE TO (c): arteriosclerosis.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute upper respiratory infection 2 da.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1956, to 11/29/59 and last saw him alive on 11-29-59
Death occurred at 2:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Don J Silsby MD
22b. ADDRESS: McDaniel Bldg. Springfield, Missouri
22c. DATE SIGNED: 11/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/2/59
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn
23d. LOCATION (City, town, or county) (State): Springfield, Mo.

24. FUNERAL DIRECTOR: KLINGNER MORTUARY, INC. ADDRESS: SPRINGFIELD MO
25. DATE RECD. BY LOCAL REG.: 12-3-59
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

VS DEC 7 1959

JAN 8 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. 590

working under my personal supervision.

Student John Klugman Jr
Signature of Student Embalmer

Signed Glen D William

Licensed Embalmer No. 465

P. O. Address Springfie

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