

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILE NUMBER 39-016904

FILED VS. JAN 25 1960 209

ENDED

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warren Township</b>		Length of stay in 1b <b>6 years</b>	c. CITY OR TOWN <b>RFD# 2, Monroe City, Mo.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD #2, Monroe City, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Warren Township</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>William Campbell Rose</b>			4. DATE OF DEATH Month Day Year <b>Dec. 23 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/18/1883</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Palmyra, Mo.</b>	11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Oliver Rose</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Sleginghalf</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn Brown</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>489-42-2025</b>	17. INFORMANT Address <b>Mrs. Evelyn Rose, Rt. 2, Monroe City Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Cardiac arrest.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Arteriosclerotic heart disease**

DUE TO (c) **Cardiac insufficiency**

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.  
 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 **1957** to **present** and last saw her/him alive on **17 Dec 1959**  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Wyneth Hamlin M.D.**

22b. ADDRESS **711 Duval Hannibal Mo.**

22c. DATE SIGNED **12/20/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **26 Dec. 1959**

23c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery**

23d. LOCATION (City, town, or county) (State) **Palmyra, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Lewis Brothers', Palmyra, Mo.**

25. DATE RECD. BY LOCAL REG. **12-31-59**

26. REGISTRAR'S SIGNATURE **Dr. G. W. Luecke**  
**Bill Viola, Deputy**

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, Mo.

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.