

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014922

FILED VS. MAY 16 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 546

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo' b. COUNTY Greene				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 60 yrs.		c. CITY OR TOWN springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D O A Burge			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) I 42I E Olive St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Wesley Middle Wesley Last Rose				4. DATE OF DEATH Month May Day 8 Year 1960				
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 9 1899	9. AGE (last birthday) 60	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) Maintainance			10b. KIND OF BUSINESS OR INDUSTRY Clothing Store		11. BIRTHPLACE (City and state or country) Springfield Mo'		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME John Wesley Rose			13b. MOTHER'S MAIDEN NAME Jane Rector			14. NAME OF HUSBAND OR WIFE Maggie Rose		
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.		17. INFORMANT Address Maggie Rose I 42I E Mcdaniel St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma right lung with direct invasion of left lung							INTERVAL BETWEEN ONSET AND DEATH 20 mo.	
DUE TO (b) Right pneumonectomy, post operative status							18 mo.	
DUE TO (c)								
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 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 12/10/58				to 5/8/60		and last saw him ^{ROSE} live on 5/8/60		Death occurred at 4:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE <i>John W. Park</i> (Degree or title)			22b. ADDRESS 315 Prof. Bldg. Springfield Missouri			22c. DATE SIGNED 5/10/60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE May II 1960	23c. NAME OF CEMETERY OR CREMATORY Hazlewood		23d. LOCATION (City, town, or county) Springfield Mo'		(State)	
24. FUNERAL DIRECTOR'S ADDRESS H V Smith 602 N Jefferson St.			25. DATE RECD. BY LOCAL REG. 5-11-60		26. REGISTRAR'S SIGNATURE <i>Effie B. Melton</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 20 1961

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 Herbert V Smith

Licensed Embalmer No. 4286

P. O. Address Spring

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.