

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-046310

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6146

| | | | | | |
|--|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 35 yrs. | c. CITY OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 210 WEST DARTMOUTH ROAD | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MAUDE Middle ROSE Last ROSE | | | 4. DATE OF DEATH Month DECEMBER Day 5 Year 1960 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH MAY 15, 1886 | 9. AGE (last birthday) 74 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (City and state or country) PECATONICA, ILLINOIS | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Frederick B. 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 MRS. MABEL E. REDPATH Address 210 WEST DARTMOUTH KANSAS CITY, 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) PARTIAL INTESTINAL OBSTRUCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DIVERTICULITIS COLON DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE 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 | | | | | INTERVAL BETWEEN ONSET AND DEATH 30 DAYS 5 YRS |
| 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 | COUNTY | STATE | |
| 21. I attended the deceased from MAY 1960 to 12-5-60 and last saw her ^{her} _{him} alive on 12-4-60 Death occurred at 7:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) D W Butcher MD | | | 22b. ADDRESS 7924 Roseo | | 22c. DATE SIGNED 12-5-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE Dec. 7, 1960 | 23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons Crematory | 23d. LOCATION (City, town, or county) Kansas City | 23e. STATE Missouri | |
| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 12-6-60 | 26. REGISTRAR'S SIGNATURE H. L. Dwyer | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Butcher

6412

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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C., 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.