

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006181

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 28

AMENDED

FILED VS FEB 20 1961

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Louisiana</u> b. COUNTY <u>no reason</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Saga Creek</u>		Length of stay in 1b <u>Instant</u>	c. CITY OR TOWN <u>Shreveport</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 24, 3 miles West Moberly</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2516 Sheri Lane</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>RUSSELL CLINON ROSSON</u>			4. DATE OF DEATH Month Day Year <u>February - 10 - 1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-30-1912</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days <u>48</u>

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andy Rosson</u>		13b. MOTHER'S MAIDEN NAME <u>Maye Hood</u>		14. NAME OF HUSBAND OR WIFE <u>Anita Rosson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. -		17. INFORMANT <u>J.W. Rosson</u>		Address <u>Ft. Worth Texas</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Subarachnoid hemorrhage</u>			<u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Multiple fractures of</u>		<u>Instant</u>
	DUE TO (c) <u>head and body</u>		

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		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Automobile Accidents</u>			
20c. TIME OF INJURY <u>4:50 p.m.</u>		Month, Day, Year <u>2-10-61</u>			

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.) <u>Highway 24 - 3 miles West Moberly</u>	20f. CITY, TOWN, OR LOCATION <u>Moberly</u>	COUNTY <u>Randolph</u>	STATE <u>MO</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 4:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Quinn S. Jolly, M.D., Coroner</u>		22b. ADDRESS <u>203 1/2 N Clark Moberly</u>		22c. DATE SIGNED <u>2-10-61</u>
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-10-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>not known</u>		23d. LOCATION (City, town, or county) (State) <u>Austin Texas</u>

24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u>	ADDRESS <u>Moberly Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-11-61</u>	26. REGISTRAR'S SIGNATURE <u>Sealhouse</u>
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

FEB 23 1961

MS MAR 20 1961

MAR 16 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.