SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020662
STATE FILE NUMBER

AMENDED

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 60

FILED JUL 6 1961

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 803 Water St
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Carroll
c. CITY OR TOWN Carrollton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 803 Water St
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Terry Middle J. Last Rose
4. DATE OF DEATH Month June Day 29 Year 1961
5. SEX Male
6. COLOR OR RACE Cau.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept 16, 1887
9. AGE (last birthday) 73
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Carroll County
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Rose
13b. MOTHER'S MAIDEN NAME America Powell
14. NAME OF HUSBAND OR WIFE Edith Quillin Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Terry Rose Address Carrollton, Mo

MEDICAL CERTIFICATION

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 with multiple metastases — INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. ☐ 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 May 30, 1961 to June 29, 1961 and last saw him alive on June 29, 1961
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John H. Platz (Degree or title) MD
22b. ADDRESS Carrollton, Missouri
22c. DATE SIGNED 6/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-2-61
23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens
23d. LOCATION (City, town, or county) Carrollton (State) Mo
24. FUNERAL DIRECTOR Dickerson-Rice ADDRESS Bogard, Mo
25. DATE RECD. BY LOCAL REG. 7/2/61
26. REGISTRAR'S SIGNATURE Mrs Norbert Caserts

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Samuel M. [illegible]

Licensed Embalmer No. 5087

P. O. Address Bogard M[illegible]

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.