

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024398
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED **FILED JUL 28 1961** Registration District No. **3-8** Primary Registration District No. **4091** Registrar's No. **13**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) FREMONT		Length of stay in 1b TRANSIT	c. CITY OR TOWN ELVINS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 60		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 220 W. MAIN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Willard Middle BURNS Last ROSE			4. DATE OF DEATH Month 7 - Day 21 - Year 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-5-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) CAPE CO. MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOMAS ROSE		13b. MOTHER'S MAIDEN NAME CYNTHIA KNOTT	
14. NAME OF HUSBAND OR WIFE Mrs. SEYMOUR ROSE		Address 220 W. MAIN ELVINS MO	
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. Willard Rose		Address ELVINS 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) Fractured Skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auto Accident DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 10 MIN
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 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.) Auto accident - Collision with	
20c. TIME OF INJURY 5:30 p.m.	Hour Month, Day, Year 7-21-61	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> Another Car	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 60	20f. CITY, TOWN, OR LOCATION Fremont	COUNTY Carter	STATE MO.
21. I attended the deceased from D. O. A. and last saw her/him alive on 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 5:30 P.M.			
22a. SIGNATURE (Degree or title) Coleman M. Spadden Coroner		22b. ADDRESS Van Buren Mo	22c. DATE SIGNED 7-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-22-61	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) (State) Fredaerickton Mo
24. FUNERAL DIRECTOR M. Spadden		ADDRESS VAN BUREN MO	25. DATE RECD. BY LOCAL REG. July 26-61
		26. REGISTRAR'S SIGNATURE Mrs. Octa. Henson	

AUG 3 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 Allen C. McGeehan

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.