

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035926

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

Primary Registration District No. 1000

1083

STATE FILE NUMBER

AMENDED

Registration District No.

FILED NOV 6 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 3 years	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1707 N. 2nd St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1707 N. 2nd St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ROSA BELL Auwater			4. DATE OF DEATH Month Day Year October 22, 1961		
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 12/26/1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Carroll County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Walter Monnomen Kinnaman		13b. MOTHER'S MAIDEN NAME Susan unknown		14. NAME OF HUSBAND OR WIFE Silas	
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. none	17. INFORMANT Luther Auwater, 1707 N. 2nd, St. Joseph, Mo.		

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) C.V.A. Hemorrhage			approx 2 wk
DUE TO (b) Hypertensive Arteriosclerotic Cardio-vascular disease			?
DUE TO (c) Coronary Heart Arteriosclerosis general			?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced Hypertrophic Arthritic			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 Month, Day, Year a.m. p.m.		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 9-26-60 to 10-22-61 and last saw her alive on 10-22-61 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Wm B. Rasmussen		22b. ADDRESS 316 No 10th St Joseph Mo		22c. DATE SIGNED 2-24-61
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10/22/1961	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Pogard Missouri	
24. FUNERAL DIRECTOR Horton Bowman St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 30, 1961	26. REGISTRAR'S SIGNATURE Mrs. Clark Handell	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 2/19/63  
 2/19/63  
 INSTEAD OF  
 Auwater  
 Kinnaman  
 Auwater  
 Kinnaman  
 BY AFFIDAVIT OF  
 Wm B. Rasmussen, M.D.

**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 William Spading

Licensed Embalmer No. 4535

P. O. Address St. Joseph, 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.