

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-20334

STATE FILE NUMBER

Registration District No. 11

Primary Registration District No. 5044

Registrar's No. 48

FILED JUN 19 1959

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY BARRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHBURN TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN WASHBURN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 MI. WEST WASHBURN		Length of stay in lb 2 yrs.	d. STREET ADDRESS (If outside, give location) 4 MI. WEST WASHBURN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LULA Middle MARZILLA Last ROSE			4. DATE OF DEATH Month 6 Day 10 Year 1959		
5. SEX Female	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 JAN. 10, 1887	9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Barry Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J.D. BOWMAN		13b. MOTHER'S MAIDEN NAME MARY ANN STEPHENS		14. NAME OF HUSBAND OR WIFE GEORGE 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. NONE	17. INFORMANT Address GEORGE ROSE, WASHBURN, 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) Carcinoma of Esophagus					INTERVAL BETWEEN ONSET AND DEATH
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) 150x					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.					
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 6-18-59 , to 6-9-59 and last saw her alive on 6-9-59 Death occurred at 10:55 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Charles H. Dore</i>			22b. ADDRESS Cassville, Mo.		22c. DATE SIGNED 6-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-13-59	23c. NAME OF CEMETERY OR CREMATORY Burkhart Cemetery		23d. LOCATION (City, town, or county) (State) Newton Co., Missouri
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.			25. DATE RECD. BY LOCAL REG. 6-11-1959	26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NO. 1188
DATE REC. 6-15-59

DATE REC. 6-15-59

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 *Doyle E. Willeson*

Licensed Embalmer No. *4883*

P. O. Address *Cassville*

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.