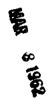
AISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-016405					
AMEN	NDED	Fi	egistration District No. 13 Primary Registration District No. 3003 Registrar's No. 69	STATE FILE NUMBER	
		-	a. COUNTY Barry 2. USUAL RESIDENCE (Where dece	eased lived. If institution: Residence before UNITY Barry admission)	
WEND			b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett Length of stay in 1b c. CITY OR TOWN Monett Lwk Town Washbur	inside Limits Yes □ No 🍇	
DATE AMENDED			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Vincent(s Hosp. Yes 図 No □ Inside Limits ADDRESS (If	cutside, give location) Reside on Farm Yes 🔏 No 🗋	
			NAME OF DECEASED First Middle Last 4. DATE OF DEATH (Type or print) DONALD RAY ROSE DEATH	April 25, 1961	
			male white widowed Divorced 5-13-1941 19	pirthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
ر ا			On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1200er 131. BIRTHPLACE (City and state or Light of working life, even if retired) 132. MOTHER'S NAME 134. MOTHER'S MAIDEN NAME 14. N	country) 12. CITIZEN OF WHAT COUNTRY USA AME OF HUSBAND OF WIFE	
FOLLOWS		_1	Nello Rose Se was deceased ever in u.s. armed forces? Georgia Green 16. Social Security No. 17. Informant	none	
ARE AS			(es, no, or unknown) (If yes, give war or dates of service) 499-44-5292 Mrs. Nello Rose	INTERVAL BETWEEN	
	DOCUMEN	:	IMMEDIATE CAUSE (a) Congestine Heart Faile	ONSET AND DEATH	
INSTEAD	DOG	!	Conditions, if any, which gave rise to above cause (a).	droffiany	
= - - -		CATION	stating the under- lying cause last. DUE TO (c) An Old Meumalie T 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.	
WENIS		CERTIFICAT	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of PERFORMED?	Yes No Unknown	
AMENDMENIS		MEDICAL CE	YES NO D CONTROL NO.		
		ME	p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE	COUNTY STATE	
READ			21. I attended the deceased from 6-20-57, to 9-25-61 and lest sew her him all peath occurred at 6:50 A. m on the date stated above, and to the best of		
SHOULD	T OF		226. STONATURE Layles H. True M.D. Caxville, M.	22c. DATE SIGNED	
Ö.	AFFIDAVIT	23		City, town, or county) (State)	
ITEM	BY AF	24	Culver's Cassville, Missouri 5-6-6 77	itrar's SIGNATURE Cook	
			(Licensed Embalmer's Statement on Reverse Side)		



A STATE OF THE STATE 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.	
StudentSignature of Student Embalmer	Signed Musgases C. Henbest
Signature of Student Empaimer	Licensed Embalmer No. 4389
	0 - 11 9

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.