URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 2 9 1960

60-024239
STATE FILE NUMBER

NDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 246

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Desloge
Length of stay in 1b: 29 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 405 School St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Desloge
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 405 School
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lillie Middle: Francis Last: Rosner

4. DATE OF DEATH: Month, Day, Year: June 20th. 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Sept. 11, 1890

9. AGE (last birthday): 69
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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Bud Herman

13b. MOTHER'S MAIDEN NAME: Laura Campbell

14. NAME OF HUSBAND OR WIFE: Marvin T Rosner (Dec)

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: Leamon Rosner, Flat River, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarct
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-vascular disease
DUE TO (c): Unknown

INTERVAL BETWEEN ONSET AND DEATH: 30 Min / several years

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

MEDICAL CERTIFICATION

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 April 15 1960 to June 17, 1960 and last saw her/him alive on June 17, 1960
Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W A Rafflng DC

22b. ADDRESS: 225 a W Main Flat River Mo

22c. DATE SIGNED: 6/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/23/1960

23c. NAME OF CEMETERY OR CREMATORY: Marvin Chapel Cemetery

23d. LOCATION (City, town, or county) (State): St. Francois Co. Mo

24. FUNERAL DIRECTOR ADDRESS: C.Z. Boyer & Son, Inc. Desloge, Mo

25. DATE RECD. BY LOCAL REG.: June 21, 1960

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 36

P. O. Address Lusby

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.