

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0020945

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 212

MAY FILED 25 65

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>0940</u>		
2 <u>0941</u>		
3		
4 <u>0</u>		
5 <u>3</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
9 <u>X</u>		
10		
11 <u>094</u>		
12 <u>91-3</u>		
13 <u>1-0</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre Perry Twp</u>		c. CITY OR TOWN <u>Bonne Terre</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E Hwy Rt. 2,</u>		d. STREET ADDRESS (If outside, give location) <u>229 N. Division St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>TROY CECIL ROSENER</u>		4. DATE OF DEATH Month Day Year <u>May 15, 1965</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4-27-1923</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>	11. BIRTHPLACE (City and state or country) <u>French Village, Mo. U.S.A.</u>
13a. FATHER'S NAME <u>William Rosener</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hodge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes (5-17-46 11-1-46)</u>		17. INFORMANT <u>Ellen Rosener, Bonne Terre, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>internal injuries</u>			INTERVAL BETWEEN ONSET AND DEATH <u>D. O. A.</u>
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.) <u>Truck accident</u>	
20c. TIME OF INJURY Hour <u>7:15</u> Month, Day, Year <u>5-15-65</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Hwy E. Rt 2 Bonne Terre St Francois, MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ted Boyer, coroner</u>		22b. ADDRESS <u>Bonne Terre Mo</u>	
22c. DATE SIGNED <u>5-17-65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/18/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Park Rt. 2, Bonne Terre, Mo.</u>	
24. FUNERAL DIRECTOR <u>Dale Sparks Bonne Terre, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 17, 1965</u>	26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>

MAY 26 1965

JUN 3 1965

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

Everett Sparks

Licensed Embalmer No. 4284-

P. O. Address Bonne Terre

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.