

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22924

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>87</u>		PRIMARY REG. DIST. NO. <u>4150</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon</u>		c. LENGTH OF STAY (in this place) <u>BOONE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon</u>		28		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bourbon, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) <u>FANNIE</u>			a. (First) <u>ROACH</u>			b. (Middle) _____		
c. (Last) _____			4. DATE OF DEATH <u>July 10, '49</u>		(Month) (Day) (Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 17, 1872</u>		
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Lyle Mitchell</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wright</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Roach</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Roach, Bourbon, Mo.</u>		ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gastric carcinoma</u> DUE TO (c) _____					unknown	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u>					15 IX unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>February, 1949</u> , to <u>July 10, 1949</u> , that I last saw the deceased alive on <u>July 9, 1949</u> , and that death occurred at <u>1:50 p.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Richard Holt DO</u>				23b. ADDRESS <u>Bourbon Mo</u>		23c. DATE SIGNED <u>7-11-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/13/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bourbon Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bourbon, Crawford Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/13/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Smith</u>		ADDRESS <u>7150 Manchester Maplewood, Mo.</u>		

JUL 26 1949

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.

Signed _____

J.P. Burgess

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4029

P. O. Address _____

Maplewood

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 this body is not embalmed, fact should be so stated above.