

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3542

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 6089 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mt. Leonard</u> ^{Elmwood township})		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Leonard</u> ^{Elmwood} <u>T.W.P.</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JUDITH</u> b. (Middle) <u>ANN</u> c. (Last) <u>ROOKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 1, 1943</u>
9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Pasadena, Calif.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Evans Rooks</u>		13b. MOTHER'S MAIDEN NAME <u>Elinor Ruth Romero</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs W.E. Rooks</u> <u>Mt. Leonard, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Residence burned and</u> DUE TO (c) <u>smokes the children</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>at home</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>In home</u>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Mt. Leonard</u> <u>Saline</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 20, 1950</u> <u>6:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Residence burned</u>	
22. I hereby certify that I attended the deceased from <u>Jan. 20, 1950</u> , to <u>Jan. 20, 1950</u> , that I last saw the deceased alive on <u>Jan. 20, 1950</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. Lawrence Coroner Saline</u>		23b. ADDRESS <u>Marshall</u>	23c. DATE SIGNED <u>1-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 21, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Grand Pass, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1/26/50</u>	REGISTRAR'S SIGNATURE <u>Dolly Andrews</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>	ADDRESS <u>Marshall, Mo.</u>

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

RECEIVED

JAN 30

District Health Officer No. 8,

District File Number _____

Filed 1-31-50

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 _____

was Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed Harry Hershberger

Signed _____
Student Embalmer

Licensed Embalmer No. 7357

P. O. Address Marshall Mo

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.