

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37838

State File No. _____
 Registrar's No. 30

BIRTH NO. _____		REG. DIST. NO. 234		PRIMARY REG. DIST. NO. 5815		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Hawcreek Twp.			c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) 4 Miles north Stover			0718
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles north Stover				d. STREET ADDRESS (If rural, give location) Rural Hawcreek Twp.			
3. NAME OF DECEASED (Type or Print) Emil		a. (First)		b. (Middle) Paul		c. (Last) Roe	
4. DATE OF DEATH Nov. 24, 1950		a. (Month)		b. (Day)		c. (Year)	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 7, 1930		9. AGE (In years last birthday) 20	10. IF UNDER 1 YEAR Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm	10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Florence, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Vernon Roe		13b. MOTHER'S MAIDEN NAME Viola Rasa		14. NAME OF HUSBAND OR WIFE none			
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. 491-32-0920		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon Roe Stover, Mo.			
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) Congenital Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma. INTERVAL BETWEEN ONSET AND DEATH 20 days 7544 20 days					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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) m.		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 11-5, 1950, to 11-24, 1950, that I last saw the deceased alive on 11-24, 1950, and that death occurred at 10 ⁰⁰ A. m., from the causes and on the date stated above.							
23a. SIGNATURE Ruth Kaufman, M.D.				23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED 11-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery		24d. LOCATION (City, town, or county) (State) Stover, Mo.	
DATE REC'D BY LOCAL REG. Nov. 30th 1950		REGISTRAR'S SIGNATURE Harold Rippinger		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stearnson		ADDRESS Stover, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

12/7/30

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

12/7/30

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

J. R. Scrimmer

working under my personal supervision.

Student Embalmer No. 404

Signed

J. R. Scrimmer
Student Embalmer

Signed

J. L. Stevenson
Licensed Embalmer No. 4073

P. O. Address Stover, 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.