

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7910

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 40

5272

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>9 mo</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp -</u>			

3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>-MIKE-</u> c. (Last) <u>ROTH-</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR-3-1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>9-20-1868</u>		9. AGE (In years last birthday) <u>82-6-15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Louis Roth</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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 <u>Mrs Vernon Mixer</u> ADDRESS <u>Boonville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure & pulmonary edema 3 days</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u>				?	
		DUE TO (c) <u>CARCINOMA PROSTATE</u>				5	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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)		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 August 10, 1950, to April 3, 1951, that I last saw the deceased alive on April 3, 1951, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E.T. Humphreys M.D.</u> (Degree or title)		23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>4/4/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peninsula Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Blackwater Mo - RFD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter</u>		ADDRESS <u>Pilot Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-5-51</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381			

RECEIVED 4-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 4-9-51

APR 10 1951

STATEMENT BY LICENSED EMBALMER

Myself

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

working under my personal supervision.

Student Embalmer No.

Signed Pepton E. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, 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.