

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9597

State File No.

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 3054 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY <u>Vanderburg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Spring Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Evansville</u> <u>8130</u>	
		d. STREET ADDRESS (If rural, give location) <u>R# 13 Box # 250</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Wilbur</u>	b. (Middle) <u>Clarence</u>	c. (Last) <u>Roth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 18, 1908</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>International Harvester</u>	11. BIRTHPLACE (State or foreign country) <u>Evansville, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Clarence Roth</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Mollenkamp</u>	14. NAME OF HUSBAND OR WIFE <u>Veneda</u>
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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>13-05-5069</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wilbur Roth, Evansville, Ind.</u>	ADDRESS <u>Evansville, Ind.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Calcium metast. lung</u>		
	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. <u>163X</u>		

19a. DATE OF OPERATION <u>April, 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>irreparable lung carcinoma</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Dec 27, 1950, to March 31, 1951, that I last saw the deceased alive on 2-9-51, 1951, and that death occurred at 8:25 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. L. Relyea, Jr.</u> (Degree or title)	23b. ADDRESS <u>Louisiana, Mo.</u>	23c. DATE SIGNED <u>April 2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/1/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Evansville, Indiana</u>
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DATE REC'D BY LOCAL REG. <u>April 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>	FUNERAL DIRECTOR'S SIGNATURE <u>George O. Hagen</u>	ADDRESS <u>Louisiana, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0621

APR 24 1951

MAY 10 1951

APR 30 1951

Date Received: APR 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-6
Date Filed: APR 7 1951

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
~~Student Embalmer~~

Signed

George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.