

FILED 1951

STANDARD CERTIFICATE OF DEATH

1936
State File No.

3013
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Edwin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massachusetts</u> b. COUNTY <u>MASSACHUSETTS</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Kirkersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LAPLATA</u> <u>0610</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>DELLA</u>		b. (Middle)		c. (Last) <u>ROAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Sept 8 1877</u>		9. AGE (In years last birthday) <u>73</u> if UNDER 1 YEAR <u>9</u> Months <u>20</u> Days if UNDER 24 HRS. _____ Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>MASSACHUSETTS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FRANK WHITE</u>			13b. MOTHER'S MAIDEN NAME <u>MARIONA SHURT</u>			14. NAME OF HUSBAND OR WIFE <u>W</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elbert Munday Kirkersville, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5-28-51</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)				see you - <u>175x</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ca of left Ovary & metastases</u>				to no -	

19a. DATE OF OPERATION <u>3-12-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Ovary & metastases</u>				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 Mar 6, 1951, to June 28, 1951, that I last saw the deceased alive on 6/11, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>George E. Grim</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kirkersville</u>		23c. DATE SIGNED <u>6/30/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laplata</u>			
24d. LOCATION (City, town, or county) (State) <u>Laplata Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.S. Austin Laplata Mo.</u>					
DATE REC'D BY LOCAL REG. <u>7-3-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>					

Date Received: JUL 1 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-124
Date Filed: JUL 1 2 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 _____ ✓

working under my personal supervision.

Student Embalmer No. ✓

Signed D. S. Christie

Signed.....
Student Embalmer

Licensed Embalmer No. 1109

P. O. Address La Plata Md.

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.