

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19770**  
Registrar's No. **11**

BIRTH NO. **35973-51** REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **4151**

0280

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

1. PLACE OF DEATH a. COUNTY <b>CRAWFORD COUNTY MO</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CRAWFORD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>STEELVILLE MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>STEELVILLE MO 0280</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN LESLIE</b> b. (Middle) <b>ROMINE</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 27 51</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11</b>	
8. DATE OF BIRTH <b>JUNE 25-51</b>		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <b>STEELVILLE MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <b>JERRALD ROMINE</b>		13b. MOTHER'S MAIDEN NAME <b>NORA GIMMINS</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JERRALD ROMINE STEELVILLE MO</b>	

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) <b>Asphyxia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 da.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prolapsed cord.</b>		DUE TO (c)	

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) (Min.)		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 **June 25, 1951**, to **June 27, 1951**, that I last saw the deceased alive on **June 26, 1951**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. R. Robey, D.O.</b> (Degree or title)		23b. ADDRESS <b>Steelville Mo</b>		23c. DATE SIGNED <b>6/28/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5-2-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>STEELVILLE CEMETERY</b>	
24d. LOCATION (City, town, or county) (State)		<b>STEELVILLE MO</b>			

DATE REC'D BY LOCAL REG. <b>7-6-51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JONAS SON STEELVILLE MO</b>	
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RECEIVED

JUL - 8 1951

DISTRICT HEALTH OFFICE No. 4  
File No. \_\_\_\_\_

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*

working under my personal supervision.

Student Embalmer No. ....

Signed *Harry Jones*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2638*

P. O. Address *Steekelberg 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.