

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20495**

FILED JUL 10 1951

BIRTH NO. _____		REG. DIST. NO. <b>150</b>		PRIMARY REG. DIST. NO. <b>5573</b>		Registrar's No. <b>80</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Grain Valley</b>		c. LENGTH OF STAY (In this place) <b>15 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Grain Valley</b>		d. STREET ADDRESS (If rural, give location) <b>St 810</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GRAIN VALLEY</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Omer</b>		b. (Middle) <b>C</b>		c. (Last) <b>Roof</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June - 20 - 1951</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 18 - 1884</b>	
9. AGE (In years last birthday) <b>66</b>		10. MONTHS <b>7</b>		11. DAYS <b>2</b>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, or retired) <b>Retired Glenair Combone</b>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <b>Kan</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Roof</b>			13b. MOTHER'S MAIDEN NAME <b>Karnsey Watkins</b>			14. NAME OF HUSBAND OR WIFE <b>Mary E Roof</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>490-09-2361</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mary Roof Grain Valley 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> 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. <b>Hypertension</b>					
18. CAUSE OF DEATH (continued)		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
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 <b>March</b> , 1950, to <b>June</b> , 1951, that I last saw the deceased alive on <b>6-20</b> , 1951, and that death occurred at <b>2:55 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles Himmer D.O.</b>				23b. ADDRESS <b>Grain Valley, Mo.</b>		23c. DATE SIGNED <b>6-22-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>June-22-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs</b>		24d. LOCATION (City, town, or county) (State) <b>Blue Springs Mo</b>	
DATE REC'D BY LOCAL REG. <b>6-22-51</b>		REGISTRAR'S SIGNATURE <b>Donald C. Eichelbaum</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walt Funeral Home</b>		ADDRESS <b>Blue Springs Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 6 RECO

JUL 20 1967

JUL 12 1967

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 \_\_\_\_\_

*B B Witt*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.