

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9063

State File No.

FILED APR 8 1952

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 57VS Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hudson</u>		c. LENGTH OF STAY (in this place) <u>1 Hr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u>		0691
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Macon Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>501 McVine St.</u>		

3. NAME OF DECEASED (Type or Print)			a. (First) <u>John</u>		b. (Middle) <u>William</u>		c. (Last) <u>Romig</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 24 52</u>	
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>10-27-1894</u>		9. AGE, (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hour	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John Martin Romig</u>		13b. MOTHER'S MAIDEN NAME <u>Bittleston, Blanche</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Romig</u>	
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. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.W. Romig</u>	
					ADDRESS <u>Monroe City</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		DUE TO (b) <u>---</u>				1 year	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>---</u>				from History	
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 <u>4201</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) (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 24 Mar, 1952, to 24 Mar 1952 that I last saw the deceased alive on Jan, 1952, and that death occurred at 10:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald E. Eggleston M.D.</u>		23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>24 Mar 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Judes Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/26/52</u>	REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold C. Hagan</u>		ADDRESS <u>Monroe City Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAGON COUNTY HEALTH DEPARTMENT
County No. 4. 52. 60
Date Filed 4. 5. 52

APR 11 1952

APR 11 1952

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 Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City 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.