

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13100**
1706

FILED APR 26 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City "Rural" 0490</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>6347 Smi-A-Ban Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital Medical Center</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>D</u> c. (Last) <u>ROE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 52</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1883 5-8-98</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO. JACKSON COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>THOMAS LEWIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANGELINE MOODY</u>		14. NAME OF HUSBAND OR WIFE <u>HUBERT ROE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marguerite A. Lane</u>		18. ADDRESS <u>6347 Smi-A-Ban Dr.</u>	
---	--	--	--	---	--	--	--

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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</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) _____				<u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential Hypertension</u>						<u>4 years</u>	

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) (m.)	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 April 1950, to April 10, 1952, that I last saw the deceased alive on April 10, 1952, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack W. Wolf</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>206 Tappan Blvd Kansas City, Mo.</u>	23c. DATE SIGNED <u>April 11, 52</u>
---------------------------------------	----------------------------------	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
--	------------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-14-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Tewcomer</u>	ADDRESS <u>1001 N. Kansas City, Mo.</u>
--	--	---	--

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

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

Elmer Pharo

Licensed Embalmer No. *2640*

P. O. Address *Kansas 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.