

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19590**

FILED JUL 3rd 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>263</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		c. CITY OR TOWN <u>St. Louis</u>		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3438 Williams</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>		b. (Middle) <u>CAROLINE</u>		c. (Last) <u>ROE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-52</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>11-5-1866</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>		IF UNDER 1 Mts. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boeing County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Hahn</u>			13b. MOTHER'S MAIDEN NAME <u>William Sherman Roe</u>			14. NAME OF HUSBAND OR WIFE <u>William Sherman Roe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertie Barrett</u> ADDRESS <u>Grassie, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic staphylococcal pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fracture of left hip</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell</u>			
22. I hereby certify that I attended the deceased from <u>5-19-</u> , 19 <u>52</u> to <u>5-28-</u> , 19 <u>52</u> that I last saw the deceased alive on <u>5-28-</u> , 19 <u>52</u> and that death occurred at <u>11:35pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. McMillin M.D.</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>6-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>5/31/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenleaf Chapel, Poplar Bluff, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-25-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		GENERAL DIRECTOR'S SIGNATURE <u>State General</u> ADDRESS <u>Marion E. Bowen, Greenville, Mo.</u>			

0124

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

RECEIVED

JUL 2 1952

BUTLER CO. HEALTH CENTER

FILE No. 752-344

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Marion E. Bowler*

Licensed Embalmer No. *95426*

P. O. Address *Redmont, 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.