

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24758

FILED AUG 13 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1202 W. Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>1202 W. Lexington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Roach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1952</u>
--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 14, 1861</u>	9. AGE (In years last birthday) <u>90</u> if under 1 year: Months <u>7</u> Days <u>11</u> if under 12 hrs. Hours <u></u> Mins. <u></u>
--------------------	-------------------------------	---	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cuplo Tender</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Furnace Company</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>William Roach</u>	13b. MOTHER'S MARDEN NAME <u>Sarah Ann Peeler</u>	14. NAME OF HUSBAND OR WIFE <u>Dicy. O. Roach deceased</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>487-12-7499</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ralph Bernard</u> ADDRESS <u>Ind. 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> Years _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u>		
	DUE TO (c) _____		
11. 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>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute) _____	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 1945 to 7/25, 1952, that I last saw the deceased alive on 7/22, 1952, and that death occurred at 10:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Vance E. Link M.D.</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>7/28/52</u>
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 28, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7-28-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	3. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>
---	--	---

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

0486
1

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 *Wayne H. Holliman*

Licensed Embalmer No. *4627*

P. O. Address *Independence, 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.