

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28649

State File No.

FILED AUG 28 1952

BIRTH NO. REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 106

550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>	
c. LENGTH OF STAY (In this place) <u>223 days</u>		d. STREET ADDRESS (If rural, give location) <u>Mo. State Sanatorium</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Roach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 21, 1952</u>		
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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>12-8-91</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS: Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Orderly</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Orderly</u>			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Milas A. Roach</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Lasley</u>			14. NAME OF HUSBAND OR WIFE <u>Jewell Roach</u>		
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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>490-03-2369</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Wildon Peck, Mt. Vernon, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis, far advanced</u>						<u>abt. 12 yrs.</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c)							
		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						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from 1-10-52, 1952, to 8-21-, 1952, that I last saw the deceased alive on 8-21-, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Hellweg M.D.</u>		23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>8-21-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-27-52</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.R. Keenan Miller Mo.</u>	
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NOV 20 1952

AUG 29 1952

NOV 27 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 E. B. Miller

Licensed Embalmer No. 3297

P. O. Address Miller, 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.