

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**20974**

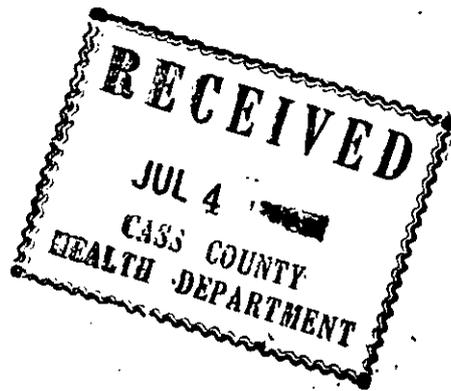
State File No. \_\_\_\_\_

FILED JUL 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5219</u>		Registrar's No. <u>105</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Camp Branch Twp</u>		c. LENGTH OF STAY (in this place) <u>62 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville, Rural</u>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Harrisonville</u>				d. STREET ADDRESS (If rural, give location) <u>Camp Branch Twp</u>			
3. NAME OF DECEASED (Type or Print) <u>F. M. ROTH</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.C.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 5-1891</u>		9. AGE (In years last birthday) <u>62</u>	10. MONTHS <u>5</u>	11. DAYS <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cass Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Moses Plank</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Wilhelm</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Roth</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>Frank Roth, Harrisonville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4/20</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) 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 <u>March, 1952</u> , to <u>June, 1953</u> , that I last saw the deceased alive on <u>March 2, 1953</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward S. Jurek</u>				23b. ADDRESS <u>Harrisonville, Mo</u>		23c. DATE SIGNED <u>6-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 30-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Fork Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cass Co., Mo</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 30, 1953</u>		REG. NO. <u>457-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. O. Natzler</u>		ADDRESS <u>East Lyme Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Licensed Embalmer No. 2717

P. O. Address East Lynne, 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.