

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29216

State File No. 5662

No. 300
10.48

FILED SEP 9 - 1953 BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5664 Registrar's No. 27

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

1. PLACE OF DEATH a. COUNTY <u>Lewis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Reddish Leop.</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prairie View Rest Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Reddish Leop.</u> d. STREET ADDRESS (If rural, give location) <u>Prairie View Rest Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Roemer</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 1953.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 21, 1864</u>
9. AGE (In years last birthday) (Month) (Days) (Hours) (Mins.) <u>89</u> <u>5</u> <u>10</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Gardner-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Charles Roemer</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Koebel</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Clyde Underbrink, Lewistown, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Weeks</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) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <u>4222</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)		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>20 Aug, 1953</u> , to <u>31 Aug, 1953</u> , that I last saw the deceased alive on <u>30 Aug, 1953</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above. <u>D.O.A.</u>			
23a. SIGNATURE (Degree or title) <u>John W. Wilb D.O.</u>		23b. ADDRESS <u>Lewistown Mo</u>	
23c. DATE SIGNED <u>1 Sept 53</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 2, 1953.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Canton, Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. W. Jennings</u>		_____	
DATE REC'D BY LOCAL REG. <u>9-2-53</u>		_____	

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 J Kenneth Bailey
Licensed Embalmer No. 4248
P. O. Address La Grange, 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.