

*W. Murphy*  
FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43640**  
Registrar's No. *436*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>419 Riverside</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) _____ c. (Last) <b>Roach</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12/21/53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>3/23/1871</b>
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tranfer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Michael Roach</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Bassnett</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Margaret Moore, 419 Riverside</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION <b>Hannibal, Mo.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Chronic myocarditis - arteriosclerosis in type.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>No</b>	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 **12-19**, 19**53**, to **12-20**, 19**53**, that I last saw the deceased alive on **12-20**, 19**53**, and that death occurred at **5:55a** m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Murphy</i>	(Degree or title) <b>M.D. F.A.C.S.</b>	23b. ADDRESS <b>6100 N. 6th St., Hannibal, Mo.</b>	23c. DATE SIGNED <b>12-28-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/22/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12/28/53</b>	REGISTRAR'S SIGNATURE <i>H. Fisher</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. M. McDaniel</i>	ADDRESS <b>Hannibal, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 29 1953  
MARION CO. HEALTH DEPT.  
DATE REC'D DEC 29 1953

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. 3889

P. O. Address Hannibal 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.