

FILED AUG 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24094

State File No.

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 10

0890

1. PLACE OF DEATH
a. COUNTY Ray

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ray

b. CITY (If outside corporate limits, write RURAL and give town) Rural-Fishing River c. LENGTH OF STAY (In this place) Two years
c. CITY OR TOWN Rural d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles SW Elkhorn, Mo. e. STREET ADDRESS (If rural, give location) 0890
3 miles SW Elkhorn, Mo.

3. NAME OF DECEASED
a. (First) Lucy b. (Middle) _____ c. (Last) Roe 4. DATE OF DEATH (Month) (Day) (Year)
July 19, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 1-28-1881 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 6 Days 21 IF UNDER 48 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME T.H. Roe 13b. MOTHER'S MAIDEN NAME Phoebe O'Dell 14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service.) _____ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Oliver Roe, Orrick, Mo. ADDRESS _____

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
DUE TO (b) Previous cerebral hemorrhage
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 days
4 years
Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 331X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7/19/54, only, to _____, 19____, that I last saw the deceased alive on 7/19/54, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Keith L. Nicholson, M.D. (Degree or title) 23b. ADDRESS 116 South Street Excelsior Springs, Mo. 23c. DATE SIGNED 7-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-22-1954 24c. NAME OF CEMETERY OR CREMATORY O'Dell Cemetery 24d. LOCATION (City, town, or county) (State) Ray County, Missouri

DATE REC'D BY LOCAL REG. 7-29-54 REGISTRAR'S SIGNATURE John J. Larkin 25. GENERAL DIRECTOR'S SIGNATURE Thomas J. Carter ADDRESS Richmond, Mo
(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.....
Signature of Student Embalmer

Signed *Thomas J. Carter*.....

Licensed Embalmer No...*44*...

P. O. Address... *Richmond*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.