

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10702**

FILED APR 1 1955

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **448.8** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Illmo		c. CITY (If outside corporate limits, write RURAL and give township) Illmo	
c. LENGTH OF STAY (in this place) Entire life		d. STREET ADDRESS (If rural, give location) 1000 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home			

3. NAME OF DECEASED (Type or Print)	a. (First) ROSA	b. (Middle) EMILIA	c. (Last) ROTH	4. DATE OF DEATH (Month) (Day) (Year) MAR 20, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 24, 1888	9. AGE (In years) (last birthday) 67	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illmo, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Roth	13b. MOTHER'S MAIDEN NAME Sophie Luecke	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Martha Roth	ADDRESS Illmo, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma		6 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast		3 yrs.
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardio-vascular Denu 170X	

19a. DATE OF OPERATION Feb 1952	19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast; axillary metastases	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) (Min.)	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 **Feb 28** 19**52**, to **20 Mar**, 19**55**, that I last saw the deceased alive on **18 Mar**, 19**55**, and that death occurred at **3:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. W. Ashby, Jr. M.D.	23b. ADDRESS Capn Guardian No.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-55	24c. NAME OF CEMETERY OR CREMATORY Esleben Lutheran	24d. LOCATION (City, town, or county) (State) Illmo, Missouri
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DATE REC'D BY LOCAL REG. 3-24-55	REGISTRAR'S SIGNATURE Mrs. Fred Brophy	25. FUNERAL DIRECTOR'S SIGNATURE: Biplinghoff	ADDRESS Illmo, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAR 28 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 355-21

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..... *Oliver C. Amick*

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.