

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11251

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u> <sup>0164</sup>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>	
c. LENGTH OF STAY (in this place) <u>8 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>204 PARKER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>	b. (Middle) <u>(NMN)</u>	c. (Last) <u>ROTH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12, 1955</u>
---	--------------------------	-----------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>AUGUST 29, 1882</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>72 7 13</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 <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>JOHN DITTRICH</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET (UNKNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE EDWARD 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 ADDRESS <u>MRS. PAUL HEISSERER - KELSO, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis of the pelvic organ</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Primary source not determined</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>10-28-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Generalized Carcinomatosis of pelvis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>—</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
---	--	--

22. I hereby certify that I attended the deceased from Oct, 1954, to April 12, 1955, that I last saw the deceased alive on April 11, 1955, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.O. Finney M.D.</u>	(Degree or title)	23b. ADDRESS <u>B &amp; L Bldg. Chaffee Mo.</u>	23c. DATE SIGNED <u>4-12-55</u>
---	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO.</u>
--	------------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-13-55</u>	REGISTRAR'S SIGNATURE <u>T. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. C. Beislinghoff - Chaffee Mo.</u>
--	---	---

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

OCT 11 1955

JUL 1 8 1958

DEC 1 0 1957

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

*Jack J. Burnett*

Licensed Embalmer No. *4473*

P. O. Address *Chaffee, 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.