

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 589 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL JOACHIM</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>FESTUS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Festus, R.R.</u>		4. Is Residence within limits of a city or incorporated town? Yes <u>0</u> No <u>0</u>	
		e. STREET ADDRESS (If rural, give location) <u>R# 2, Festus</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Roth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-55</u>
--	-----------------------	-----------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 15, 1896</u>	9. AGE (in years last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Road Grader</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Genevieve Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	--

13a. FATHER'S NAME <u>LAWRENCE ROTH</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE ROTH</u>	14. NAME OF HUSBAND OR WIFE <u>CHRISTINE</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Juan Roth Festus</u>	ADDRESS <u>Festus, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prior attack of Coronary thrombosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>now</u>	19b. MAJOR FINDINGS OF OPERATION _____	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Festus Jefferson Mo</u>
---	--	---

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 Aug 25, 1948, to April 25, 1955, that I last saw the deceased alive on June 16, 1954, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Rutledge M.D.</u> (Degree or title)	23b. ADDRESS <u>Crystal City, Mo</u>	23c. DATE SIGNED <u>4-26-55</u>
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MO.</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-27-55</u>	REGISTRAR'S SIGNATURE <u>Juan Roth</u>	502	25. FUNERAL DIRECTOR'S SIGNATURE <u>Country R. Palitto</u> ADDRESS <u>Crystal City, Mo</u>
---	--	-----	--

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 3 1955

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 *Quincy B. Plutte*.....

Licensed Embalmer No. *248*

P. O. Address *Crystal*

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.