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

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Adair Township</u>		c. CITY OR TOWN <u>"Rural"</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Adair Township Edwards Rd 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 2 Edwards</u>			
3. NAME OF DECEASED (Type or Print) <u>JAMES M. ROARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 3, 1872</u>
9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rt Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Issac Roark</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Eulace</u>		14. NAME OF HUSBAND OR WIFE <u>Loyce Roark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Loyce Roark</u>		ADDRESS <u>Edwards Rd 2</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sev. years</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis</u>		<u>Sev. years</u>	
DUE TO (c) <u>4200</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Hypertrophy Prostate Bilateral Inguinal Hernia Senility</u>		<u>2-3 YEARS</u> <u>4-10 YEARS</u> <u>2-5 YEARS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 <u>April, 1955</u> , to <u>8 June, 1955</u> , that I last saw the deceased alive on <u>22 May, 1955</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Alvin H. Elmer M.D.</u>		23b. ADDRESS <u>Warsaw Mo</u>	
23c. DATE SIGNED <u>4 June 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cable Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 4 1955</u>		REGISTRAR'S SIGNATURE <u>Alda R. Eldred</u>	
484		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. (Pew) Warsaw</u>	
ADDRESS			

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 *John J. Reser*.....

Licensed Embalmer No. *40*.....

P. O. Address *Warsaw*.....

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.