

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34415**

FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **4443** Registrar's No. **150**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give town or township) Huntsville		c. CITY OR TOWN Huntsville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 yrs		e. STREET ADDRESS (If rural, give location) Depot Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Depot Street			

3. NAME OF DECEASED (Type or Print) Lucien	a. (First)	b. (Middle)	c. (Last) Roger	4. DATE OF DEATH (Month) (Day) (Year) October 18 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 23, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) coal mining	10b. KIND OF BUSINESS OR INDUSTRY coal mining	11. BIRTHPLACE (City and State or Foreign Country) Hersin Coupigny, France	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Dennis Roger	13b. MOTHER'S MAIDEN NAME Julia Zeanne	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or date of service) none	16. SOCIAL SECURITY NO. 494-22-6696	17. INFORMANT'S SIGNATURE OR NAME Joseph Roger: Huntsville, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hrs D.K.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 June 12, 1955, to Oct 19, 1955, that I last saw the deceased alive on Oct 18, 1955, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. Dreyer, M.D.	23b. ADDRESS Huntsville, Mo.	23c. DATE SIGNED 10/19/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-20-1955	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
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DATE REC'D BY LOCAL REG. 10-19-1955	REGISTRAR'S SIGNATURE Mary H. Bentley	482	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton	ADDRESS Huntsville
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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 *Tom B. Patton*.....

Licensed Embalmer No. *39*.....

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

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.