

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36999

FILED DEC 6 1955

State File No. 5027

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5027			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 3 MOS.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Peter's Rectory Meyer Blvd.				e. STREET ADDRESS (If rural, give location) Meyer Blvd. & Holmes					
3. NAME OF DECEASED (Type or Print) a. (First) RT. REV. MSGR. WM. F. ROELS			b. (Middle)			c. (Last)			
4. DATE OF DEATH		(Month) 11		(Day) 17		(Year) 55			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 28 Feb 1888			
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 2 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Pastor				10b. KIND OF BUSINESS OR INDUSTRY St. Peters Church		11. BIRTHPLACE (City and State or Foreign Country) Mary's Home, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Unknown (Roels)		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE None				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. No				17. INFORMANT'S SIGNATURE OR NAME St. Mary's Hospital ADDRESS Kansas City, Mo.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Block II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Bundle Branch				INTERVAL BETWEEN ONSET AND DEATH 3 yrs - 7 yrs - 4201 2 yrs	
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) (Minute)		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 4-1 , 19 55 , to 11-17 , 19 55 , that I last saw the deceased alive on 11-14 , 19 55 , and that death occurred at 10 P m., from the causes and on the date stated above.									
23a. SIGNATURE Wm. Ketcham (Degree or title) MD				23b. ADDRESS 1408 Waldern Rd. Mo		23c. DATE SIGNED 11-18-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-21-55		24c. NAME OF CEMETERY OR CREMATORY Mary's Home Cemetery		24d. LOCATION (City, town, or county) (State) Mary's Home Missouri			
DATE REC'D BY LOCAL REG. 11-19-55		REGISTRAR'S SIGNATURE neva mitchell		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS 1800 E. Linwood					

(Licensed Embalmer's Statement on Reverse Side)

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

2007 11 14

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.....
Licensed Embalmer No. 279

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.