

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **921**

FILED JAN 30 1956

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	c. LENGTH OF STAY (in this place) 1 da.	c. CITY OR TOWN Washington	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. Francis Hospital		STREET ADDRESS (If rural, give location) 28 East 6th St. 03620	

3. NAME OF DECEASED (Type or Print) a. (First) CHERYL b. (Middle) TANN c. (Last) ROETHER		4. DATE OF DEATH (Month) (Day) (Year) 1 21 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-23-1954
9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 2 Days 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Washington Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Hugo Roether	
13b. MOTHER'S MAIDEN NAME Etta Mae Woelkord		14. NAME OF HUSBAND OR WIFE Single	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hugo Roether		ADDRESS Washington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchial pneumonia		DUPLICATE		2 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
I. ANTECEDENT CAUSES		DUPLICATE			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE			
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE			
Conditions contributing to the death but not related to the disease or condition causing death.		Dwarfism		4/91X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 **Jan 20, 1956**, to **Jan 21, 1956**, that I last saw the deceased alive on **Jan 21, 1956**, and that death occurred at **9A m.**, from the causes and on the date stated above.

23a. SIGNATURE H.A. Chaudry (Degree or title) MD		23b. ADDRESS 710 1/2 E. Washington St.		23c. DATE SIGNED 1-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-22-56		24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	
24d. LOCATION (City, town, or county) (State) Washington, Mo.		24e. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery		24f. LOCATION (City, town, or county) (State) Washington, Mo.	

DATE REC'D BY LOCAL REG. 1/21/56		REGISTRAR'S SIGNATURE L. S. Heidmann		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ... ADDRESS Washington, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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.....
[Handwritten Signature]

Licensed Embalmer No. *757*

P. O. Address *Washington, D.C.*

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.