

FILED FEB 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 1736

| | | | | | | | | |
|---|--|--|--|--|---|--|---|-----------------------------|
| BIRTH NO. | | REG. DIST. NO. 160 | | PRIMARY REG. DIST. NO. 559V | | Registrar's No. 16 | | |
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joachim (Rural) | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Herculaneum | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) Long St 0580 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Irene b. (Middle) Frances c. (Last) Roth | | | 4. DATE OF DEATH Jan. 25, 1956 (Month) (Day) (Year) | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 22, 1910 | | 9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months Days | IF UNDER 10 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Collinsville, Ill | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Frank Thomas | | | 13b. MOTHER'S MAIDEN NAME Pearl Thomas | | 14. NAME OF HUSBAND OR WIFE Clyde E. Roth | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde E. Roth, Herculaneum, 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) Cancer of Breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastases to liver DUE TO (c) Metastases to spine II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr 3 mo 1 mo | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of right breast 170X | | | | | 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 <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 1/10, 1955, to 1/26, 1956, that I last saw the deceased alive on 1/26, 1956, and that death occurred at 8:00 p.m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Ali E. Dean (Degree or title) M.D. | | | 23b. ADDRESS Herculaneum, Mo. | | | 23c. DATE SIGNED 1/27/56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/28/56 | 24c. NAME OF CEMETERY OR CREMATORY Catholic | | 24d. LOCATION (City, town, or county) Herculaneum, Mo. | | (State) | |
| DATE REC'D BY LOCAL REG. 1-28-56 | | REGISTRAR'S SIGNATURE [Signature] | | 532 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Festus Mo | | |

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 31 1956

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 *Ronald H. Vinyard*
.....

Licensed Embalmer No. *4608*

P. O. Address *Fenton, Mo.*

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.