

FILED MAR 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 5414

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 28

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 town or township) Potosi		c. CITY OR TOWN Potosi	
c. LENGTH OF STAY (In this place) 40 yrs		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 704 Moore Street		e. STREET ADDRESS (If rural, give location) 704 Moore Street	

3. NAME OF DECEASED (Type or Print) a. (First) Walter	b. (Middle) J.	c. (Last) Roth	4. DATE OF DEATH (Month) (Day) (Year) Feb 20, 1956
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 10, 1882	9. AGE (In years last birthday) 73	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker (Ret)	10b. KIND OF BUSINESS OR INDUSTRY Glass Industry	11. BIRTHPLACE (City and State or Foreign Country) Ozora Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Simon Roth	13b. MOTHER'S MAIDEN NAME Catherine Pallert	14. NAME OF HUSBAND OR WIFE Anna Kunkel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-03-4663	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Roth, 704 Moore, Potosi	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of pancreas</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Intestines through the liver and peritoneum</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of head of pancreas 157X</i>	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) m.	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 *February 8, 1956* to *Feb 20, 1956* that I last saw the deceased alive on *Feb 18, 1956* and that death occurred at *10:10* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>William Elynn</i> (Degree or title)	23b. ADDRESS <i>Potosi, Mo</i>	23c. DATE SIGNED <i>2/22/56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 23, 1956	24c. NAME OF CEMETERY OR CREMATORY Potosi Catholic	24d. LOCATION (City, town, or county) (State) Crystal City, Mo.
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DATE REC'D BY LOCAL REG. <i>2-22-56</i>	REGISTRAR'S SIGNATURE <i>John G. K... 502</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. ...</i> ADDRESS <i>Potosi, Mo.</i>
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(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
FEB 28 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.....

Reid B. Vinyard

Licensed Embalmer No. 4976

P. O. Address Festus, 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.