

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16574

State File No.

BIRTH NO. 28959 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1950

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution.) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>MANASSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>7 hrs</u>		c. CITY OR TOWN <u>Nevada</u>		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 <u>St Luke's Hospital</u>				STREET ADDRESS (If rural, give location) <u>426 W Barr</u> <u>1087</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claudia</u>		b. (Middle) <u>S.</u>		c. (Last) <u>Roush</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>4</u> <u>56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>4-28-56</u>		9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>16</u>	IF UNDER 24 HRS. Days <u>16</u> Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. G.</u>	
13a. FATHER'S NAME <u>Claude Roush</u>			13b. MOTHER'S MAIDEN NAME <u>Shirley Stinson</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Claude Roush Nevada, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concentric heart disease with congestive heart failure.</u></p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u></p> <p>DUE TO (b)</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u></p>				INTERVAL BETWEEN ONSET AND DEATH			
				7544			
				19a. DATE OF OPERATION			
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 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 <u>May 3</u> , 19 <u>56</u> , to <u>May 4</u> , 19 <u>56</u> that I last saw the deceased alive on <u>May 4</u> , 19 <u>56</u> and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Uediv Smuel</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>411 Mullica Road K.P. Mo</u>		23c. DATE SIGNED <u>May 4, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-4-56</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Nevada, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-4-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson & Son, Indep. Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Ned W. Small

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.....
Harold E. Wade

Licensed Embalmer No. *46*

P. O. Address *Bridge*

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.