

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16987

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 65			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (If in place) <u>1 1/2 yrs</u>		c. CITY OR TOWN <u>Brookfield</u>		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>550 Harrison St 0582</u>					
3. NAME OF DECEASED (Type or Print) <u>CHARLES FREDERICK ROEBKEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-19-1956</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct-15-1897</u>			
9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>7</u>		10. DAYS <u>4</u>		IF UNDER 24 HRS. Hours Mins			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City or State or Foreign Country) <u>Dalton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Fred Roebken</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Butcher</u>			14. NAME OF HUSBAND OR WIFE <u>Marx Roebken</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, give war or dates of service) <u>World War One</u>			16. SOCIAL SECURITY NO. <u>495-01-0999</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marx Roebken</u>			ADDRESS <u>Brookfield Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u>				<u>4 yr.</u>	
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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) <u>332x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>_____</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>_____</u>					
22. I hereby certify that I attended the deceased from <u>May 18, 1956</u> , to <u>May 19, 1956</u> , that I last saw the deceased alive on <u>May 18, 1956</u> , and that death occurred at <u>1:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. H. Patten</u>			(Degree or title) <u>Dr.</u>			23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>5-20-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-21-56</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Blacklock</u>				
					ADDRESS <u>Brookfield Mo</u>				
(Licensed Embalmer - Statement on Reverse Side)									

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

MAY 28 1958

MAY 31 1958

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 *J. H. Blacklock*.....

Licensed Embalmer No. *22A*.....

P. O. Address *Brookfield*.....

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.