

No. 300
V. 10.48

FILED SEP 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5207 State File No. 30088
5-6-93 Registrar's No. 183

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5-6-93

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give address or town) <u>RFD Dawn, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD Dawn, Missouri</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1 mile south Enon Church</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Addis O'Roark, Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>B.</u> c. (Last) <u>O'Roark,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6th, 1956</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 22, 1874</u>			9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>11 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jessie O'Roark</u>		13b. MOTHER'S MAIDEN NAME <u>Marilla Jewell</u>		14. NAME OF HUSBAND OR WIFE <u>Annie (Wooden) O'Roark</u>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Addis O'Roark Dawn, Missouri</u>	
--	--	-------------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>approx 72 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia hypostatic</u>		DUE TO (b) <u>Chronic congestive hb. failure</u>				1 1/2 months	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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)	
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 1950 to Sept. 6, 1956, that I last saw the deceased alive on 6 Sept. 1956, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles M. Grace M.D.</u>		23b. ADDRESS <u>Cliffcrest Ave, No.</u>		23c. DATE SIGNED <u>10 Sept. 1956</u>	
---	--	---	--	---------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/9/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Enon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dawn, Missouri</u>	
---	--	---------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>9-10-56</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin, Tina, Missouri</u>	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

Wm. J. Carpenter

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
Student Embalmer

Signed.....

Clifford W. Austin

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri

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 this body is not embalmed, fact should be so stated above.