

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42584

STATE FILE NUMBER

FILED JAN 10 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>213 Summit St.</u>			Length of stay in 1b <u>31 Yrs.</u>			d. STREET ADDRESS (If outside, give location) <u>213 Summit St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Chris</u> Middle <u>D</u> Last <u>Rokan</u>				4. DATE OF DEATH Month <u>DEC.</u> Day <u>27</u> Year <u>1956</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 7th. 1883</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern Operator</u>		11. BIRTHPLACE (City and state or country) <u>Yugoslavia</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>20</u> Hours <u></u> Min. <u></u> 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME <u>Dimetro Rokan</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>486 38 2419</u>		17. INFORMANT <u>Helen Rokan, Bonne Terre, Missouri</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Dec. 27 56</u> to <u>Dec 27 56</u> and last saw him alive on <u>Jan 27-56</u> Death occurred at <u>8 am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>A L Evans</u> (Degree or title)				22b. ADDRESS <u>Bonne Terre Mo</u>		22c. DATE SIGNED <u>12-27-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/29/1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Catholic Cem. Bonne Terre, Missouri</u>		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <u>Boyer - Benham</u> ADDRESS <u>Bonne Terre, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>12-29-56</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

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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 *B. T. Boyer*.....

Licensed Embalmer No. *36*

P. O. Address *Leah...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.