

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13663

STATE FILE NUMBER

FILED APR 17 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 50

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBB CITY</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>WEBB CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JANE CHINN HOSPITAL</b>			Length of stay in lb <b>50 YR</b>	d. STREET ADDRESS <b>612 N. HALL</b>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>First CHARLES Middle Last ROATH</b>				4. DATE OF DEATH Month <b>4</b> Day <b>8</b> Year <b>1957</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>2-7-1904</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b></b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>OIL PIPELINE</b>	11. BIRTHPLACE (City and state or country) <b>GALENA KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>JOHN EDWARD ROATH</b>				14. MOTHER'S MAIDEN NAME <b>JULIA JENNINGS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>BOB ROATH</b>		Address <b>WEBB CITY, MO</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Portal Cirrhosis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Probably alcohol</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>5811</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
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 _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 <b>WEBB CITY, MO</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>3-28-57</b> to <b>4-8-57</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>4-8-57</b> Death occurred at <b>4:55 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>G. B. Munson, D. O.</b>				(Degree or title) <b>D. O.</b>		22b. ADDRESS <b>Webb City, Mo.</b>	22c. DATE SIGNED <b>4-9-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4-10-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CARTERVILLE CEMETERY</b>		23d. LOCATION (City, town, or county) <b>CARTERVILLE</b>		(State) <b>MO</b>
24. FUNERAL DIRECTOR <b>Hedge-Lewis Funeral Home-Webb City</b>			ADDRESS <b>4-10-57</b>		25. DATE RECD. BY LOCAL REG. <b>4-10-57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	

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County File Number 5794-306  
Date Filed 5-18-57  
Special County Health Office

APR 30 1957

**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 *Richard Gray Lewis*

Licensed Embalmer No. 4403

P. O. Address *Wabbe City*

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.