

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1957

23548

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 263

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Boone</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Mexico</u>		d. STREET ADDRESS <u>735 W. here</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ellis Fischel Hosp</u>		Length of stay in 1b <u>3 days</u>		b. COUNTY <u>Audrain</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Offic B. Roe</u>				4. DATE OF DEATH <u>7-20-1957</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 type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>10-16-1891</u>	
9. AGE (In years last birthday) <u>65</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Plant</u>		11. BIRTHPLACE (City and state or country) <u>Thompson, Mo</u>	
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10d. KIND OF BUSINESS OR INDUSTRY <u>Brick Plant</u>		11. BIRTHPLACE (City and state or country) <u>Thompson, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Albert Roe</u>				14. MOTHER'S MAIDEN NAME <u>Mary Jones Roe</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>491-05-6990A</u>		17. INFORMANT <u>Hosp. Records Hiway 40 + Garth.</u>			
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>Malignant Lymphoma</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (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)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <u>2002</u>	
20c. TIME OF INJURY <u>Hour: _____ Month: _____ Day: _____ a. m. p. m.</u>							
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		COUNTY STATE	
21. I attended the deceased from <u>5:30</u> <u>7-12-57</u> to <u>7-20-57</u> and last saw <u>her</u> alive on <u>7-20-57</u> Death occurred at <u>5:30</u> <u>A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Red A. Colis M.D.</u>				22b. ADDRESS <u>Ellis Fischel Cancer Hosp</u>		22c. DATE SIGNED <u>7-20-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 21 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>	
24. FUNERAL DIRECTOR <u>Aronald F. Home</u>				25. DATE RECD. BY LOCAL REG. <u>July 20 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

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 *Reily Taylor*.....
Licensed Embalmer No. *32*

P. O. Address *Mer...*

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.