Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 6 - 1958

58-006460
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in Ib
d. STREET ADDRESS (If outside, give location): 72[illegible] Bird Street — Reside on Farm: Yes [ ] No [ ] X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: ALBERT Middle: BAIRD Last: ROOF

4. DATE OF DEATH: Month: February Day: 22, Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]
8. DATE OF BIRTH: July 21, 1868
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 7 Days 1 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY: C.B.&.Q
11. BIRTHPLACE (City and state or country): Peoria Illinois
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Jacob A. Roof
13b. MOTHER'S MAIDEN NAME: Amelia F. Spencer
14. NAME OF HUSBAND OR WIFE: Josepha Carter Rood (deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Mrs. A. A. Cogliano Hannibal Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	Acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chr. myocarditis with decompensation	2 yrs.
DUE TO (c)	Senility	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Sept. 1949, to 2/22/58 and last saw her/him alive on 2/22/58. Death occurred at 11:45 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. L. Murphy M.D.
22b. ADDRESS: 100 N. 6th, Hannibal, Mo.
22c. DATE SIGNED: 2/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/24/58
23c. NAME OF CEMETERY OR CREMATORY: I O O F Cemetery
23d. LOCATION (City, town, or county) (State): Shelbina, Missouri

24. FUNERAL DIRECTOR ADDRESS: F. Crawford Smith Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 2-26-58
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke W. C. Fisher By

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED MAR 4 1958
MARION CO. HEALTH DEPT.
DATE FILED MAR 4 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 John S. Stead

Licensed Embalmer No. 4540

P. O. Address Hannibal 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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