

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014437

STATE FILE NUMBER

1891

FILED MAY 2 1958

Registration District No. 149 Primary Registration District No. 1602

Registrar's No.

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Geo. C. Kealhofer

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give last name) HOSPITAL OR INSTITUTION <u>Hoyle E. 68th Terr.</u>		Length of stay in lb <u>7 years</u>	d. STREET ADDRESS (If outside, give location) <u>Hoyle E. 68th Terr.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>Gordon</u> Last <u>Roud</u>			4. DATE OF DEATH Month <u>4</u> Day <u>12</u> Year <u>58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-2-1926</u>		9. AGE (In years last birthday) <u>31</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dental Tech.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Midwest Dental Lab</u>		11. BIRTHPLACE (City and state or country) <u>So. Dakota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Leonard Gilbert Roud</u>		13b. MOTHER'S MAIDEN NAME <u>Violet Fern Antrim</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Frances Roud</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes W.W. II NAVY 504-16-1999</u>		16. SOCIAL SECURITY NO. <u>504-16-1999</u>		17. INFORMANT <u>Mary F. Roud: 3840 E. 56th St.</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>Heart by Staining</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8974</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>Apparently drug abuse</u>			
20c. TIME OF INJURY Hour <u>8-00</u> a.m. Month, Day, Year <u>4-12-58</u>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Kansas City Jackson Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>8:00A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Geo C Kealhofer Deputy Coroner</u>			22b. ADDRESS <u>6627 Prairie St. Overland</u>		22c. DATE SIGNED <u>4-12-58</u>
23a. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>		23b. DATE <u>4-14-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	
		23d. LOCATION (City, town, or county) <u>K.C., Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Speaks Funeral Home, Indp. Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-12-58</u>	
				26. REGISTRAR'S SIGNATURE <u>neva Minshall</u>	

1958
MAY 6 AM

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. E. Weibert*

Licensed Embalmer No. *4075*

P. O. Address *L. C. S. Mo*

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.