

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026392
STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 277 Primary Registration District No. 588 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belle		c. CITY OR TOWN Belle	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Belle R F D		Length of stay in lb Life	
d. STREET ADDRESS RFD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Marie Catherine Shrens Roehl			4. DATE OF DEATH Month Day Year Aug 3 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14 1877
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days 6 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Fueresville Mo O
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Ahrens	
13b. MOTHER'S MAIDEN NAME Adelheid Puvogel		14. NAME OF HUSBAND OR WIFE J. W. Roehl Belle, MO RFD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mr J.W. Roehl Belle Mo RFD
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocardial Degeneration			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis			5 yrs.
DUE TO (c) 			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 5-10-56 to 8-3-58 and last saw her alive on 8-3-58 Death occurred at 11:50 am. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paula Brunel M.D.</i>		22b. ADDRESS <i>Coverdale, Mo.</i>	22c. DATE SIGNED 8-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/6/58	23c. NAME OF CEMETERY OR CREMATORY Fueresville cemetery
23d. LOCATION (City, town, or county) Belle Mo RFD		23e. (State)	
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn mo	25. DATE RECD. BY LOCAL REG. Aug. 7-1958
26. REGISTRAR'S SIGNATURE <i>Paula Brunel</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Charles Jones*

Licensed Embalmer No. *4411*
P. O. Address *Belle Ma.*

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.