

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029988

STATE FILE NUMBER

FILED AUG 26 1958

Registration District No. 294

Primary Registration District No. 3057

Registrar's No. 85

S. 300
1-57

4

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

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 0890		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clemens Rest Home		Length of stay in lb 12 hrs.	d. STREET ADDRESS 4 miles n. Orrick, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Allen Middle Roe Last Roe			4. DATE OF DEATH Month Aug. Day 19 Year 1958		
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 7, 1873		9. AGE (In years) 85 IF UNDER 1 YEAR: Months 8 Days 3 IF UNDER 24 HRS.: Hours 3 Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Orrick, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME T. H. Roe		13b. MOTHER'S MAIDEN NAME Phebe O'Dell		14. NAME OF HUSBAND OR WIFE Never married	
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. -		17. INFORMANT Name Mrs. Narah Sisk, Orrick, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident					INTERVAL BETWEEN ONSET AND DEATH 3-4 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) arteriosclerosis					
DUE TO (c) Smoking					331 X
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 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 1:30 A 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 COUNTY Ray STATE Missouri	
21. I attended the deceased from Jan 58 to death and last saw ^{her} _{him} alive on 8-17-58 Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. B. Davault M.D. (Degree or title)				22b. ADDRESS Richmond, Mo	
22c. DATE SIGNED 8-21-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/21/1958		23c. NAME OF CEMETERY OR CREMATORY O'Dell Cemetery	
23d. LOCATION (City, town, or county) Ray County, Missouri				23e. (State)	
24. FUNERAL DIRECTOR Thomas J. Carter, Richmond, Mo.			25. DATE RECD. BY LOCAL REG. 8-21-1958		26. REGISTRAR'S SIGNATURE Malcol Jackson

176

VS MAY 17 1981

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 *Thomas J. Carter*

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.