

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035248
STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherrill</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Licking</u> 1090 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>5 mi SW of Licking</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>George Albert Roeder</u>			4. DATE OF DEATH Month Day Year <u>Sept 29, 1958</u>		
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5. SEX <u>ma</u>	6. COLOR OR RACE <u>w</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>June 21, 1888</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Fiskwood Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Geo Roeder</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte Techlor</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Roeder</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>	16. SOCIAL SECURITY NO. <u>489-07-5009</u>	17. INFORMANT <u>Nora Austin Roeder Licking Mo.</u>	Address
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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>Carcinoma of Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</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 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 <u>163X</u>	COUNTY	STATE
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21. I attended the deceased from <u>5-2-58</u> to <u>9-28-58</u> and last saw ^{her} him alive on <u>9-28-58</u> Death occurred at <u>7:30</u> <u>a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Robert Mitchell, MD</u>	22b. ADDRESS <u>Salem, Mo.</u>	22c. DATE SIGNED <u>10-3-58</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>10-2-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Licking Cemetery</u>	23d. LOCATION (City, town, or county) (Specify) <u>Licking Mo</u>
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24. FUNERAL DIRECTOR <u>Amel A. Ferguson Licking Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct. 6, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Elnora Hesse</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

FILED OCT 14 1958

OCT 17 1958

NOV 18 1958

ARTICLE 4

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 *Embert Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Lehigh*

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.