

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046860

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 32.4 Primary Registration District No. 3072 Registrar's No. 2.09

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Miami		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital		Length of stay in lb 8 months	d. STREET ADDRESS (If outside, give location) Route No. 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edna Roberta Casebolt Roe			4. DATE OF DEATH Month Day Year Dec. 16th 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 9, 1876	9. AGE (In years, ^{at birth} or birth day) 82	IF UNDER 1 YEAR Months Days 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Miami, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew J. Casebolt		13b. MOTHER'S MAIDEN NAME Margaret Peterman		14. NAME OF HUSBAND OR WIFE -----	
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. 4-99-42-8543	17. INFORMANT Address J.W.Roe, Miami, Mo. Route No. 2			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Cerebral Hemorrhage DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 174X					INTERVAL BETWEEN ONSET AND DEATH
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 Death occurred at April 22, 1958 to Dec. 16, 1958 and last saw her alive on Dec. 16, 1958 at 5-29 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John R. Lawrence, M.D.		(Degree or title)	22b. ADDRESS Marshall, Mo		22c. DATE SIGNED 12-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-1958	23c. NAME OF CEMETERY OR CREMATORY Miami cemetery	23d. LOCATION (City, town, or county) (State) Miami, Missouri		
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-18-58	26. REGISTRAR'S SIGNATURE Cecil G. Read	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 6 1959

MAR 9 1958

NOV 29 1961

JAN 9 1963

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 *Amos H. Lewis*

Licensed Embalmer No. *4709*
P. O. Address *Marshall*

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.