THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000486
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY: Camden	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Camdenton — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Camdenton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence — Length of stay in 1b: 2 years	d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First: Dona	Middle: Ellen	Last: Rooffener
4. DATE OF DEATH	Month: Feb.	Day: 2	Year: 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Apr. 13, 1891
9. AGE (In years last birthday): 67	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Near Macks Creek, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: George Kerr	13b. MOTHER'S MAIDEN NAME: Drucilla Lee	14. NAME OF HUSBAND OR WIFE: Frank Rooffener	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Frank Rooffener — Address: Camdenton, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic carcinoma of breast — 1 year

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 170X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1949 M, to 2/2/59 and last saw her alive on Nov. 18, 1958. Death occurred at 5:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Mo.	22b. ADDRESS: Lebanon Mo.	22c. DATE SIGNED: 2/5/59.
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Feb. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY: Roach Cemetery
23d. LOCATION (City, town, or county) (State): Roach, Missouri		
24. FUNERAL DIRECTOR — ADDRESS: Walter P. Hedges — Hedges Funeral Homes, Camdenton, Mo.	25. DATE RECD. BY LOCAL REG.: Feb. 6-1959	26. REGISTRAR'S SIGNATURE: Zilpha I. Traw.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Walter P. Hedges

Licensed Embalmer No. 4260

P. O. Address Reno

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.