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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004615
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2510 ashland — Length of stay in Ib 11 months.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Maryville 0740 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1 Mi. North East. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ernest Middle John Last Roots.

4. DATE OF DEATH Month Feb. Day 16, Year 1959

5. SEX M 6. COLOR OR RACE W 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Mar. 28. 1869 9. AGE (In years last birthday) 89 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) Farmer Retired 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) England 4 12. CITIZEN OF WHAT COUNTRY? England.

13a. FATHER'S NAME Martin Roots 13b. MOTHER'S MAIDEN NAME Bertha Crowhurst. 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. None 17. INFORMANT E. E. Roots Address 2510 Ashland Ave. St. Joseph Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Apoplexy.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) High Blood pressure
DUE TO (c) Atherosclerosis of arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility 334X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 2/4-59, to 2/16-59 and last saw her him alive on 2-4-59
Death occurred at 5 a.m. 2-16-59 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M E Riemer (Degree or title) MD 22b. ADDRESS 423 Main 22c. DATE SIGNED 2/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 18, 1959. 23c. NAME OF CEMETERY OR CREMATORY Miriam 23d. LOCATION (City, town, or county) (State) Maryville Mo.

24. FUNERAL DIRECTOR Price Funeral Home ADDRESS Maryville Mo 25. DATE RECD. BY LOCAL REG. Feb. 16, 1959 26. REGISTRAR'S SIGNATURE Mrs. Clark Gladell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Dr. M. E. Riemer

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville, M

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.