

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005066
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Warren</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Dutzow</i> 1090 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hosp.</i>		Length of stay in lb <i>6 days</i>	d. STREET ADDRESS (If outside, give location) <i>Dutzow Missouri</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Frances M. Roesner</i>			4. DATE OF DEATH Month Day Year <i>March 3, 1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 31, 1882</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months Days <i>2 2</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (City and state or country) <i>Concord Hill, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Henry Cockrage</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Glosemeyer</i>		14. NAME OF HUSBAND OR WIFE <i>John Anton Roesner</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Miss Isabelle Roesner, Dutzow, Missouri</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-vascular Renal Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>
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) <i>Diabetes Mellitus</i>		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 .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 <i>Sept. 19 26</i> to <i>Mar 3 1959</i> and last saw ^{her} _{him} <i>live on Mar 3 1959</i> Death occurred at <i>1:15 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>H. H. Schmidt M.D.</i>	22b. ADDRESS <i>2nd & Elm Washington Mo</i>	22c. DATE SIGNED <i>3-3-59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>March 6, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Vincent's Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Dutzow Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Nieburg & Pitt, Inc. Washington, Mo.</i> <i>L. H. Vitt</i>		25. DATE RECD. BY LOCAL REG. <i>3/5/59</i>	26. REGISTRAR'S SIGNATURE <i>R. J. Wideman</i>

(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.

AUG 24 1959

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 *Lester A. Witt*
Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.