

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006542

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 254 Primary Registration District No. 5860 Registrar's No. 3

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Apple Township</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Big Apple Township</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>70 years</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Salle</u> Middle <u>Ann</u> Last <u>Roe</u>			4. DATE OF DEATH Month <u>February</u> Day <u>10</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>"hite"</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 2, 1878</u>	9. AGE (In years last birthday) <u>80</u>	FUNDER 1 YEAR Months <u>7</u> Days <u>8</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Fulton County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Robert Brazcal</u>		13b. MOTHER'S MAIDEN NAME <u>Martha William</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Roe</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Ernest Roe, Thayer, Missouri</u>		
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>Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<u>9030</u> <u>20</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>fractured left hip - 1 wk</u>					19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Fell on ice on lawn at home.</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p.m. <u>2:42</u> - <u>2/3-59</u>					
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 <u>075</u> COUNTY STATE	
21. I attended the deceased from <u>Jan 1 1953</u> to <u>Feb 10 1959</u> and last saw her/him alive on <u>Jan 9 1959</u> Death occurred at <u>1:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Phyllis R. Emerson M.D.</u> (Degree or title)			22b. ADDRESS <u>Thayer Mo.</u>		22c. DATE SIGNED <u>2-12-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2-12-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>The Life Cemetery</u>		23d. LOCATION (City, town, or country) (State) <u>Oregon County, Missouri</u>
24. FUNERAL DIRECTOR <u>Edward Carter</u> ADDRESS <u>Thayer Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-12-59</u>		26. REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms with use listed. 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 *Alfred Carter*

Licensed Embalmer No. *4516*

P. O. Address *Shawnee 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.