

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022593
STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY ST FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNETERRE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BISMARCK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNETERRE		Length of stay in lb 15 DAYS	d. STREET ADDRESS (If outside, give location) 1 Block city limits
3. NAME OF DECEASED (Type or print) Lottie Hannah Roome			4. DATE OF DEATH Month June Day 13 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 25, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	9. AGE (In years last birthday) IF UNDER 1 YEAR: Month 86 Days 2 Hours 19 Min.
11a. FATHER'S NAME JAMES CASTEEL		11b. MOTHER'S MAIDEN NAME EMALINE FREELIN	11c. NAME OF HUSBAND OR WIFE WM. ROOME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address WM. ROOME BISMARCK, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) + arterial hypertension			unknown
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had Cerebrovascular Accident June 6, 1959 331X			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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 June 6, 1959 to June 13, 1959 and last saw her alive on June 12, 1959 . Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Foster (Degree or title)		22b. ADDRESS M.D. Desloge, MO.	22c. DATE SIGNED 6-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-15-59	23c. NAME OF CEMETERY OR CREMATORY J. D. O. F.	23d. LOCATION (City, town, or county) (State) BISMARCK, MO.
24. FUNERAL DIRECTOR Shipman & Sons - BISMARCK, MO.		25. DATE RECD. BY LOCAL REG. June 22, 1959	26. REGISTRAR'S SIGNATURE Bethel Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

300 -57

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 *John N. Shipman*
Licensed Embalmer No. *4881*
P. O. Address *Bismarck, N.D.*

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.