

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042986

FILED VS. DEC 7 1959 324

Registration District No. _____ Primary Registration District No. 30720 Registrar's No. 189

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 4 days		c. CITY OR TOWN Cambridge Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital				d. STREET ADDRESS (If outside, give location) 2 miles north of Gilliam, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LAURENCE Middle EVERETTE Last ROMIGH			4. DATE OF DEATH Month December Day 1 Year 1959				
5. SEX Male	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 May 1, 1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Cottonwood Falls, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Laurence Romigh			13b. MOTHER'S MAIDEN NAME Lucinda (DK)		14. NAME OF HUSBAND OR WIFE Mollie Romigh		
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. 709-12-3106		17. INFORMANT Address Mrs. L.E. Romigh, Gilliam, 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) Chronic myocarditis with decompensation						INTERVAL BETWEEN ONSET AND DEATH 2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage & left hemiplegia						DUE TO (c) 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Nov, 1952 to Dec 1, 1959 and last saw him alive on Nov. 30, 1959 Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C.A. McBurney, M.D.				22b. ADDRESS Slater, Mo.			22c. DATE SIGNED 12-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-4-1959	23c. NAME OF CEMETERY OR CREMATORY Gilliam		23d. LOCATION (City, town, or county) Gilliam, Mo.		(State)
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.				25. DATE RECD. BY LOCAL REG. 12-3-59		26. REGISTRAR'S SIGNATURE Civil J. Read	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RECEIVED SA

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 J. Keines, Jr.

Licensed Embalmer No. 4557

P. O. Address Shelton, Md.

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.