

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029393

LED VS AUG 3 1960

Registration District No. 365 Primary Registration District No. 6204 Registrar's No. _____

STATE FILE NUMBER

DEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Texas</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mountain View</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>		c. CITY OR TOWN <u>Mountain View</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Texas Co. ? Missouri</u>		Length of stay in 1b		d. STREET ADDRESS <u>Star Route</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Calvin</u> Middle <u>Rockle</u> Last <u>Roark</u>				4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 30, 1908</u>	9. AGE (last birthday) <u>51</u>	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) <u>Farm and Sawmill</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Texas Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jesse Roark</u>			13b. MOTHER'S MAIDEN NAME <u>Vesta Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Roark</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>no</u>		17. INFORMANT <u>Betty Roark, Mtn. View, Mo. St. Rt.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Crushed Chest</u>						<u>5 min.</u>	
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)					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 checked="" 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>Front wheel of Truck backed onto</u>					
20c. TIME OF INJURY Hour <u>12</u> Month, Day, Year <u>7-23-60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>Victim Pinning him to the ground</u>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Log Road</u>		20f. CITY, TOWN, OR LOCATION <u>Star Township</u>		COUNTY <u>Texas</u>		STATE <u>Mo.</u>	
21. I <u>viewed</u> the deceased <u>on</u> <u>7-25-60</u> to _____ and last saw him alive on _____							
Death occurred at <u>12:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James P. Kutz (Croses)</u>				22b. ADDRESS <u>Calool, Mo.</u>		22c. DATE SIGNED <u>7-27-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>		23b. DATE <u>7/26/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Side Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mountain View Missouri</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-29-60</u>		26. REGISTRAR'S SIGNATURE <u>Anna Roberts</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles D. Post

Licensed Embalmer No. 5107

P. O. Address Mt. View

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.