

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025768

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 559 Registrar's No. 88

AMENDED

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL JOACHIM</b>		c. CITY OR TOWN <b>CRYSTAL CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Joachim Golf Course</b>		d. STREET ADDRESS (If outside, give location) <b>307 10th ST.</b>	
3. NAME OF DECEASED (Type or print) First <b>LLOYD</b> Middle <b>J.</b> Last <b>ROTH</b>		4. DATE OF DEATH Month <b>7</b> Day <b>15</b> Year <b>61</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-7-22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GLASS WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>P.P.G. CO,</b>	9. AGE (last birthday) <b>39</b>
11. BIRTHPLACE (City and state or country) <b>MODOC, ILL.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>ALFRED ROTH SR.</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA CAMBRON</b>	
14. NAME OF HUSBAND OR WIFE <b>ELAINE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW2</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>WILLIAM ROTH CRYSTAL CITY, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
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 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 <b>July 14/61</b> to <b>July 15/61</b> and last saw her alive on <b>July 14-61</b> Death occurred at <b>11:40 A.</b> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harry Goski M.D.</b>		22b. ADDRESS <b>Foster Mo</b>	22c. DATE SIGNED <b>7/17/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-18-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC CEMETERY</b>	23d. LOCATION (City, town, or county) <b>CRYSTAL CITY, MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>GENTRY R. POLITTE CRYSTAL CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>7-17-61</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 26 1961

AUG 11 1961

**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

*Gentry P. Palitte*

Licensed Embalmer No.

*3481*

P. O. Address

*Crystal City*

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.