

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010573
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 470

FILED MAR 26 1962

VS 300
Rev. 4/59

1 12397
2 0550

4 0
5 2

8 2
9 9160

10 16
11 055

12 3-2
13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Mt. Vernon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors' Memorial Osteo. Hosp</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>CXX</u>
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Charles</u> Last <u>Roethemeier</u>		4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>1-29-1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Aggiculture</u>	11. BIRTHPLACE (City and state or country) <u>Illinois</u>
13a. FATHER'S NAME <u>Chris Roethemeier</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs. Emil Meyer</u>		Address <u>Mt Vernon 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>TOXEMIA</u> DUE TO (b) <u>GANGRENE RIGHT 4TH AND 5TH FINGERS</u> DUE TO (c) <u>BURN OF RIGHT HAND</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>5 DAYS</u> <u>6 DAYS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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>LIGHTING MATCH AND QUILT CAUGHT ON FIRE</u>	
20c. TIME OF INJURY Hour <u>8:00</u> a.m. <u>055</u> p.m. Month, Day, Year <u>MAR 15, 1962</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>5 MI. SW OF MT. VERNON LAWRENCE, MO.</u>	
21. I attended the deceased from <u>MARCH 20, 1962</u> to <u>MARCH 21, 1962</u> and last saw <u>her</u> alive on <u>MARCH 21, 1962</u> Death occurred at <u>8:03 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Harry R. Agnew D.O.</u>		22b. ADDRESS <u>700 E. SUNSHINE SPRINGFIELD, MO.</u>	
22c. DATE SIGNED <u>3-21-62</u>		23. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-21-62</u>	
23c. LOCATION (City, town, or county) (State) <u>9 MI. South West of Mt Vernon MO</u>		24. FUNERAL DIRECTOR ADDRESS <u>H W Fossett Mt Vernon MO</u>	
25. DATE RECD. BY LOCAL REG. <u>3-22-62</u>		26. REGISTRAR'S SIGNATURE <u>Opie S. Meelon</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JAN 22 1963

JUL 23 1963

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 H. W. Fossatt

Licensed Embalmer No. 2201

P. O. Address MT Vernon 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.

Permit renewed 3-21-63