

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042185

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 243

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 10 1962**

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Length of stay in lb <u>2 days</u>	c. CITY OR TOWN <u>Rosebud</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Alverda</u> Middle <u>Jean</u> Last <u>Roach</u>			4. DATE OF DEATH Month <u>December</u> Day <u>3</u> Year <u>1962</u>		
5. SEX <u>female</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>5-19-1933</u>	9. AGE (last birthday) <u>29</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Drake, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Ervin Rauter</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Fiegler</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard Roach</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT Address <u>Leonard Roach Rosebud, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>traumatism of spine with hemorrhage &amp; shock</u> DUE TO (b) <u>result of injuries in auto accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>50 hrs?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <u>Fracture right arm</u>		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>subject was driving auto</u>
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20c. TIME OF INJURY Hour <u>2:30</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month <u>12</u> Day <u>1</u> Year <u>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>street</u>	20f. CITY, TOWN, OR LOCATION <u>Rosebud</u>	COUNTY <u>Gasconade</u>	STATE <u>Missouri</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 5:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title)	22b. ADDRESS <u>Carson University</u>	22c. DATE SIGNED <u>12/3/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-5-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zoar Methodist Cemetery</u>	23d. LOCATION (City, town, or county) <u>Drake, Mo.</u>
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24. FUNERAL DIRECTOR <u>Gottenstroeter Funeral Home</u> Owensville, MO.	ADDRESS <u>[redacted]</u>	25. DATE RECD. BY LOCAL REG. <u>12/5/62</u>	26. REGISTRAR'S SIGNATURE <u>Leola C. Hickman</u>
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

VS 300 Rev. 4/59

10365

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