

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040436
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 139

FILED OCT 22 1963

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		c. CITY OR TOWN FESTUS	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. CO. HOSPITAL		d. STREET ADDRESS (If outside, give location) R# 1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ALPINE R. ROTH			4. DATE OF DEATH Month 10 Day 12 Year 63		
5. SEX FEMALE		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 9-26-1928		9. AGE (last birthday) 35		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or country) CRYSTAL CITY, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM LaROSE			13b. MOTHER'S MAIDEN NAME FREDA WENTZEL			14. NAME OF HUSBAND OR WIFE DAMIAN	

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. *****		17. INFORMANT Address DAMIAN ROTH FESTUS, MO. R# 1	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lethal Dose of C.N.S. Depressant - (Barbiturate)		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Ingested Lethal Dose -	
20c. TIME OF INJURY Hour 9:30 a.m. p.m. Month, Day, Year 10-12-63		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.) Home	

20f. CITY, TOWN, OR LOCATION Joachim Twp		COUNTY Jeff		STATE Mo.	
21. I attended the deceased from Coroner's View and last saw ^{her} him alive on _____ Death occurred at 10:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					

22. SIGNATURE (Degree or title) <i>J. R. Politte</i>			22b. ADDRESS <i>Crystal City, Mo.</i>			22c. DATE SIGNED 10-13-63		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-15-63		23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEM.		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.		
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.				25. DATE RECD. BY LOCAL REG. 10-15-63		26. REGISTRAR'S SIGNATURE <i>J. A. Fisher</i>		

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

10-10-1963

OCT 24 1963

OCT 31 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 Quincy R. Pollette

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo.

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.