

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029988
STATE FILE NUMBER

FILED AUG 26 1958

Registration District No. 294

Primary Registration District No. 3057

Registrar's No. 85

S. 300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>0890</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clemens Rest Home</u>		Length of stay in lb <u>12 hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>4 miles n. Orrick, Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>Allen</u> Middle <u>Roe</u> Last <u>Roe</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>19,</u> Year <u>1958</u>
5. SEX <u>Male</u> <input type="checkbox"/> <u>White</u>	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> <u>0</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 7, 1873</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	9. AGE (In years last birthday) <u>83</u>
11. BIRTHPLACE (City and state or country) <u>Orrick, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>T. H. Roe</u>		13b. MOTHER'S MAIDEN NAME <u>Phebe O'Dell</u>	
14. NAME OF HUSBAND OR WIFE <u>Never married</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>—</u>		17. INFORMANT <u>Mrs. Narah Sisk, Orrick, Mo.</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>Cerebrovascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3-4 da</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <u>arteriosclerosis</u>			
DUE TO (c) <u>Senility</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <u>1.30 A</u> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <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 <u>Richmond, Mo</u>	COUNTY <u>Ray</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>Jan 58</u> to <u>death</u> and last saw her/him alive on <u>8-17-58</u> Death occurred at <u>1.30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED <u>8-21-58</u>
22a. SIGNATURE (Degree or title) <u>C. B. Davault M.D.</u>		22b. ADDRESS <u>Richmond, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/21/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>O'Dell Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>
24. FUNERAL DIRECTOR <u>Thomas J. Carter, Richmond, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-21-1958</u>	26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>

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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 *Thomas J. Carter*

Licensed Embalmer No. *4474*

P. O. Address *Richmond, 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.