

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hendrickse
State File No. 4150
3007 Registrar's No. 915

No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>915</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Plplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Plplar Bluff Hospital ()</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. #3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Emmerson</u> c. (Last) <u>Roach</u>			4. DATE OF DEATH <u>2-24-49</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 5, 1876</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>19</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Humphreys Co. Mo. ()</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James L Roach</u>		13b. MOTHER'S MAIDEN NAME <u>Casandrew Emmerson</u>		14. NAME OF HUSBAND OR WIFE <u>Alta Blanch Roach</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs George Roach Birch Tree, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>4222</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-6, 1949</u> , to <u>2-24, 1949</u> , that I last saw the deceased alive on <u>2-24, 1949</u> and that death occurred at <u>12:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Hendrickse M.D. Plplar Bluff Mo.</u>				23b. ADDRESS		23c. DATE SIGNED <u>2-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Forest</u>		24d. LOCATION (City, town, or county) (State) <u>Birch Tree Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/4/49</u>		REGISTRAR'S SIGNATURE <u>J. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home, Mtn View, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Rutgers County Health Office

District File Number 379-1

Date Filed 3-8-49

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
Student Embalmer

Signed John M. Lewis

Licensed Embalmer No. 4629

P. O. Address Coplar Bluff, 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 this body is not embalmed, fact should be so stated above.

transferred 2-25-50