

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16114
State File No. 16114
2181

BIRTH MO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 516 NORTH TOPPING AVENUE	

3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) J	c. (Last) ROMINE, SR	4. DATE OF DEATH (Month) (Day) (Year)	MAY 16 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 2-1890	9. AGE (In years last birthday)	58 YEARS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific R.P.	11. BIRTHPLACE (State or foreign country) TOWNLEY, ALABAMA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME PETE ROMINE	13b. MOTHER'S MAIDEN NAME AMELIA ELLIS	14. NAME OF HUSBAND OR WIFE MRS. JENNIE C. ROMINE
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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. 702-14-5964	17. INFORMANT'S SIGNATURE OR NAME MRS. JENNIE C. ROMINE	ADDRESS 516 NORTH TOPPING KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction - anterior wall acute.		INTERVAL BETWEEN ONSET AND DEATH 5 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443 N			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Sept**, 1946, to **May 16**, 1949, that I last saw the deceased alive on **May 16**, 1949, and that death occurred at **12 Noon**, from the causes and on the date stated above.

23a. SIGNATURE J. B. CASTLES	(Degree or title) M.D.	23b. ADDRESS 1802 Riggs Bldg N6th	23c. DATE SIGNED 5-17-49
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24a. BURIAL (CREMATION) (REMOVAL) (Specify)	24b. DATE MAY 18 1949	24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY - KANSAS
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DATE REC'D BY LOCAL REG. 5-18-49	REGISTRAR'S SIGNATURE Sheralding Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Dr. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Bernard L. Horan*.....

Licensed Embalmer No. *425-0*.....

P. O. Address *M.C. 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.