

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20368

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>PULLMAN COURTS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PULLMAN COURTS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>L</u> c. (Last) <u>ROARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 18, 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 23, 1859</u>
9. AGE (In years last birthday) <u>89</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>WARRENSBURG MISSOURI</u>
12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>THOMAS WARREN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH REYIS</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM ROARK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NO.</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOE ROARK NEOSHO, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial Degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4722</u>	
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) m.		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>July 30, 1948</u> to <u>June 18, 1949</u> that I last saw the deceased alive on <u>June 18, 1949</u> and that death occurred at <u>4:40 p. m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C. Davis MD</u>		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>6/20/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-21-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LAMAR</u>		24d. LOCATION (City, town, or county) (State) <u>LAMAR MISSOURI</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>223 Corley Thompson Neosho</u>			

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

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RECEIVED

District Health Officer No. *Newton County Ga. 1917*

District File Number *749-113*

Date Filed *April 1919*

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

Rollie Kesel

Student Embalmer No. *228*

working under my personal supervision.

Signed

Corley Thompson

Signed *Rollie Kesel*

Student Embalmer

Licensed Embalmer No. *3259*

P. O. Address *Neesho 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.