

FILED OCT 24 1949

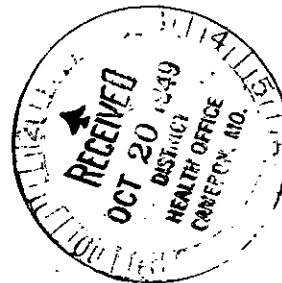
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36140

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4547		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City			
c. LENGTH OF STAY (in this place) 7 years				d. STREET ADDRESS (If rural, give location) 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				e. STREET ADDRESS 0			
3. NAME OF DECEASED (Type or Print) Annie Valene Roach		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH 10-9-1949		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH July 24, 1870		9. AGE (In years last birthday) 79		10. MONTHS 2		11. DAYS 15	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Freeman		13b. MOTHER'S MAIDEN NAME Mary Severns		14. NAME OF HUSBAND OR WIFE John P. Roach	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Inez Leeper Grant City, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓				INTERVAL BETWEEN ONSET AND DEATH 3 Days 5 yr 331X	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓				20. AUTOPSY? YES ☐ NO ☒	
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. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 10-7-1949 to 10-9-1949 , that I last saw the deceased alive on 10-9-1949 , and that death occurred at 6:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. H. H. H. (Degree or title) 0				23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 10-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-11-1949		24c. NAME OF CEMETERY OR CREMATORY Fletcher Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Missouri	
DATE REC'D BY LOCAL REG. Oct 15 1949		REGISTRAR'S SIGNATURE John E. Dawson 345		25. FUNERAL DIRECTOR'S SIGNATURE John C. Dwyer		ADDRESS Grant City, Mo.	

(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

Arch C. Dunfee

Licensed Embalmer No. 3252

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