

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37830**

FILED DEC 5 1949

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BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: resident before a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>134 East ANDERSON</u>		d. STREET ADDRESS (If rural, give location) <u>134 East ANDERSON</u>	
3. NAME OF DECEASED (Type or Print) <u>PEARL EMILY ROARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11-1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 22-1906</u>
9. AGE (In years last birthday) <u>43</u>		if UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	if UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>LAWRENCE MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>LAWRENCE</u>	
13a. FATHER'S NAME <u>John MEANS</u>		13b. MOTHER'S MAIDEN NAME <u>Dora TUNNELL</u>	14. NAME OF HUSBAND OR WIFE <u>John Roark Aurora Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>488-24-4595</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Roark</u> ADDRESS <u>Aurora Mo</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> ANTECEDENT CAUSES Morbid 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>CO2X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Aurora Lawrence Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Jan 1, 1949</u> , to <u>Nov 11, 1949</u> , that I last saw the deceased alive on <u>Nov 11, 1949</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.B. Herron M.D.</u>		23b. ADDRESS <u>Aurora, Mo</u>	
23c. DATE SIGNED <u>Nov 12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/13/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 17-49</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	
57		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. Mass</u> ADDRESS _____	

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

RECEIVED NOV 23 1949
District Health Office No. 6,
District File Number 1149-1283
Date Filed 11-30-49

MAY 19 1953

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.....

[Signature]

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 3814

P. O. Address Quora 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.