

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9794**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5867** Registrar's No. **11**

0750

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

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Thayer Rt. 1</b>		c. LENGTH OF STAY (in this place) <b>35 Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Thayer Rt. 1</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION						
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCIS</b> b. (Middle) <b>MARION</b> c. (Last) <b>ROE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 22 1950</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 22, 1867</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR <b>2</b> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mail Carrier</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Dallas County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jesse Roe</b>		13b. MOTHER'S MAIDEN NAME <b>-----Houston</b>		14. NAME OF HUSBAND OR WIFE <b>Sally Ann Roe</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Ernest Roe</b> ADDRESS <b>Thayer, Missouri</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure - Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile changes</b> DUE TO (c) <b>Probable embolism</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None -</b>			INTERVAL BETWEEN ONSET AND DEATH  <b>6/11X</b>
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Thayer Oregon Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>None</b>		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 <b>2/10</b> , 1950, to <b>2/22</b> , 1950, that I last saw the deceased alive on <b>2/22</b> , 1950, and that death occurred at <b>6:25 A. m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>Dr. W. C. Carhart M.D.</b>			23b. ADDRESS <b>Thayer, Mo.</b>		23c. DATE SIGNED <b>3-7-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-24-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Two Mile Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Thayer Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Mar-24-50</b>	REGISTRAR'S SIGNATURE <b>Ella Crass</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Mc...</b> ADDRESS <b>Thayer, Mo.</b>			

RECEIVED 3-28-50

District Health Officer No. 5,

District File Number 3-50-203

Date Filed 3-30-50

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Helena Curtis*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Sharon Hill

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.