

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25942

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5010</u>		Registrar's No. <u>464</u>	
1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ANDREW</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Blair, Andrew</u>		c. LENGTH OF STAY (In this place) <u>00 20</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		<u>00 20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>ELLEN</u>		c. (Last) <u>ROACH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-24-1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JAN-2-1963</u>	
9. AGE (In years last birthday) <u>87</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		9. AGE (In years last birthday) <u>7 22</u>	
11. BIRTHPLACE (State or foreign country) <u>ANDREW, CO.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>WILLIAM ROACH</u>			13b. MOTHER'S MAIDEN NAME <u>ANN MESSICK</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Harrison Thacker Roundtree</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Calculus of Gallbladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cholecystitis</u> 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 <u>334X</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) (Min.)		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 16<sup>th</sup></u> to <u>Aug 24<sup>th</sup></u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:55 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>V. R. Lillian</u>				23b. ADDRESS <u>Roundtree</u>		23c. DATE SIGNED <u>8/25/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill</u>		24d. LOCATION (City, town, or county) (State) <u>ANDREW, MO.</u>	
DATE REC'D BY LOCAL REG. <u>8-26-50</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brent</u>		ADDRESS <u>300</u>	

(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.

Signed *R. Lester Bram*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Savannah, 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.