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FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30782

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL SNIAB BAR ~~Grain Valley~~
c. LENGTH OF STAY (in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GRAIN VALLEY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grain Valley 64 [illegible]
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) D
c. (Last) Roof

4. DATE OF DEATH (Month) (Day) (Year) Aug - 30 - 1950

5. SEX Fm
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar-1-1862
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months 5 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) Buchanan Co Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lewis Gore
13b. MOTHER'S MAIDEN NAME Hannah Neeley
14. NAME OF HUSBAND OR WIFE Floyd Roof

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. —
17. INFORMANT'S SIGNATURE OR NAME Luther Taylor — ADDRESS Blue springs 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (pleural) — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured ribs — 12 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Grain Valley (COUNTY) Jackson (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 - 1 - 50 5:30 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Walking from bed to chair and fell to floor

22. *I hereby certify that I attended the deceased from* June, 1949, *to* August, 1950, *that I last saw the deceased alive on* July 10, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles Himmler, D.O. (Degree or title)
23b. ADDRESS Grain Valley
23c. DATE SIGNED 8-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept-1-1950
24c. NAME OF CEMETERY OR CREMATORY Blue Springs
24d. LOCATION (City, town, or county) Blue Springs (State) Mo

DATE REC'D BY LOCAL REG. 9-1-50
REGISTRAR'S SIGNATURE Donald C. Earnshaw 278
25. FUNERAL DIRECTOR'S SIGNATURE Weff Funeral Home — ADDRESS Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 RECD

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 R B Webb

Signed.....
Student Embalmer

Licensed Embalmer No. 2373

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.