

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31311**

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>5947</u>		Registrar's No. <u>44</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>					
b. CITY OR TOWN <u>Rural St. James Twnshp.</u>		c. LENGTH OF STAY (to this place) <u>20yrs</u>		c. CITY OR TOWN <u>Rural ( St. James )</u>		d. STREET ADDRESS (If rural, give location) <u>rural St. James Twp</u>			
3. NAME OF DECEASED a. (First) <u>Aurthur</u> b. (Middle) <u>Victor</u> c. (Last) <u>Romine</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 23 - 50</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>3/13/28</u>			
9. AGE (In years last birthday) <u>22yrs</u>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis CO. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Line Man on REA</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Robert E. Romine</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Wolf</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>					
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. <u>-----515-26-8709</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert E. Romine</u>		ADDRESS <u>Route-2-St. James</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation... Carbon Monoxide</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Breathing fumes from running gasoline motor</u> DUE TO (c) <u>Suicide</u>  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>50773A</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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2 1/2 Mi. N. St. James Phelps Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 23, 1950 9:30 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Placed hose on exhaust pipe, and running same into closed car.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Sept. 24, 1950</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner of Phelps County</u>				23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>9/25/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malcolm Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St James MO</u>			
DATE REC'D BY LOCAL REG. <u>10-7-1950</u>		REGISTRAR'S SIGNATURE <u>Cara G Birmingham</u>		25. TOWNSHIP DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St James MO</u>			

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

810  
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RECEIVED  
Phelps County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed OCT - 9 1950

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 \_\_\_\_\_

JAKE NELSON

Student Embalmer No. 386

working under my personal supervision.

Student Jake Nelson  
Student Embalmer

Signed

Orce E. Licklider

Licensed Embalmer No. 3546

P. O. Address St James 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.