

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36889

State File No.

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>57</u>		
1. PLACE OF DEATH a. COUNTY <u>IRON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARKANSAS</u> b. COUNTY <u>CLAY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONTON</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CORNING</u>		<u>8030</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>ROMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1950</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Aug. 10, 1910</u>		9. AGE (In years last birthday) <u>40</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u> IF UNDER 24 HRS. Hours <u>7</u> Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer - merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>FRANK ROMAN</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE NORMAN</u>		14. NAME OF HUSBAND OR WIFE (DECEASED) _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. A. ROMAN - Maynard, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolus Cordis et Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Femur</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>9000</u> <u>21</u>	
19a. DATE OF OPERATION <u>11-17-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture of Femur</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident - Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Corning Arkansas</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-30-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell down stairs</u>				
22. I hereby certify that I attended the deceased from <u>10-29</u> , 1950, to <u>11-17</u> , 1950, that I last saw the deceased alive on <u>11-17</u> , 1950, and that death occurred at <u>10:10 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>George M. Lee</u> (Degree or title) _____				23b. ADDRESS <u>Ironton Mo.</u>		23c. DATE SIGNED <u>11-22-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Music Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 24 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>128</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WEAR-ADAMSON, Inc. Fredericktown, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

+70

DEC 2 1950

RECEIVED

NOV 27 1950

DISTRICT HEALTH OFFICE No. C

Co No.

1950

DEC 8 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed L. Tajan Adamson

Licensed Embalmer No. 4351

P. O. Address Fredovick town, ma

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.