

FILED MAR 7 1951 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

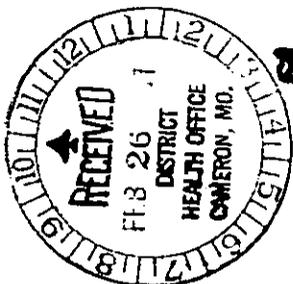
State File No. 575504  
Registrar's No. 575504

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		State File No. 575504		Registrar's No. 575504					
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville			c. LENGTH OF STAY (In this place) 8 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parnell								
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) Mary			a. (First)		b. (Middle) Z.		c. (Last) Roof		4. DATE OF DEATH (Month) (Day) (Year) 2 13 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 8, 1872		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Days 5	IF UNDER 2 HRS. Hours 1	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown 9			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Gynn (last name)				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Andy J. 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 ADDRESS Annie V. Gray California							
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) Acute Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 3 days 10 years 42.01											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 1948 to 2-13, 1951, that I last saw the deceased alive on 2-13, 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.													
23a. SIGNATURE Frank B. Madison (Degree or title) MD				23b. ADDRESS Grand City, Mo.				23c. DATE SIGNED 2/17/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-1951		24c. NAME OF CEMETERY OR CREMATORY Hopkins Cemetery		24d. LOCATION (City, town, or county) (State) Hopkins, Mo.							
DATE REC'D BY LOCAL REG. 2-24-51		REGISTRAR'S SIGNATURE Bess Holto		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dunfee		ADDRESS Grand City, Mo.							

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

0742 0

0740 0



**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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.