

FILED MAR-26-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7607**
Registrar's No. **309**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117	
c. LENGTH OF STAY (in this place) 13 yrs.		d. STREET ADDRESS (If rural, give location) 1309 North 10th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Anthony Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) Clara	b. (Middle) Violet	c. (Last) Roelofson	4. DATE OF DEATH (Month) (Day) (Year) March 18 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 19, 1864	9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	10b. KIND OF BUSINESS OR INDUSTRY R. N.	11. BIRTHPLACE (State or foreign country) Hayworth, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert S. Roelofson	13b. MOTHER'S MAIDEN NAME Amy Swearingen	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Harry Lyle, Maryville, Mo.	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		4 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		2 mo
DUE TO (c) Hypertension		5 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		33ix	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Oct 1949** to **3-18**, 1951, that I last saw the deceased alive on **3-16**, 1951, and that death occurred at **6:30A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Clem M. Price (Degree or title) _____	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 3-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Mar. 20, 51	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Maryville, Mo.
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DATE REC'D BY LOCAL REG. Mar. 21, 1951	REGISTRAR'S SIGNATURE Carl C. Casato	25. FUNERAL DIRECTOR'S SIGNATURE Clem M. Price ADDRESS Maryville, Mo.
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WRITE PLAINLY—USING UNFAADING 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.

Student
Student Embalmer

Signed Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Mayrill 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.