

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19274

State File No.

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 20

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

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: name before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City mo</u>	c. LENGTH OF STAY (In this place) <u>ALL Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>East 7 mile north 4 mile</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELY</u>	b. (Middle) <u>none</u>	c. (Last) <u>Roach</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 - 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb 14 - 1854</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>97 2 25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Worth County mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Levi Roach</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Windsor</u>	14. NAME OF HUSBAND OR WIFE <u>Abie Dell</u>
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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 <u>Jess Roach</u>	ADDRESS <u>Grant City mo</u>
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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 <u>4 days</u> <u>1951</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> 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 <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) <u>Worth mo</u>
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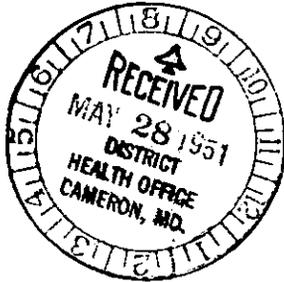
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from May 8, 1951, to May 9, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 9 AM h., from the causes and on the date stated above.

23a. SIGNATURE <u>O. L. Fullerton</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Redding, Ind</u>	23c. DATE SIGNED <u>May 11 - 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 11 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Petry Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Altondale mo</u>
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DATE REC'D BY LOCAL REG. <u>May 25 - 1951</u>	REGISTRAR'S SIGNATURE <u>John C. Dawson</u>	345	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>	ADDRESS <u>Grant City mo</u>
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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.....

John Andrews

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John Andrews

Licensed Embalmer No. *4211*

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.