

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21012

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <b>Puhaski</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Puhaski</b>	
b. CITY OR TOWN <b>Richland</b>		c. CITY OR TOWN <b>Richland</b> 0850	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>FRANK</b>	b. (Middle) <b>William</b>	c. (Last) <b>ROAM</b>	(Month) <b>6</b>	(Day) <b>25</b>	(Year) <b>51</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Apr 2 - 1904</b>		9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware</b>		11. BIRTHPLACE (State or foreign country) <b>Swedenborg Puhaski Co Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>Edd Roam</b>		13b. MOTHER'S MAIDEN NAME <b>Mrs. Manes</b>	
14. NAME OF HUSBAND OR WIFE <b>Gracie Roam</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>					<b>10 minutes</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)		DUE TO (c)			
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)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **June 25, 1951**, and that death occurred at **11 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Lewis D. Myers</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Richland Mo</b>		23c. DATE SIGNED <b>6-29-51</b>	
24a. BURIAL, CREMATION, EMBALMING (Specify) <b>Burial</b>		24b. DATE <b>6-27-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethbeyham</b>	
24d. LOCATION (City, town, or county) <b>Swedenborg Mo</b>		24e. NAME OF CEMETERY OR CREMATORY <b>Bethbeyham</b>		24f. LOCATION (City, town, or county) <b>Swedenborg Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-2-51</b>		REGISTRAR'S SIGNATURE <b>Pauline Anderson</b> 458		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. B. Zeeple</b> ADDRESS <b>Richland</b>	

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

SEP 17 1951

RECEIVED 7-2-51  
Pulaski County Health Officer  
File Number  
Date Filed 7-1-51

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*AB Lupee*  
3198

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

*Richland 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.