

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22167

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>723</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			c. LENGTH OF STAY (In this place) <u>22 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>8117</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2227 Oak Street</u>				d. STREET ADDRESS (If rural, give location) <u>2227 Oak Street</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Merton</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Roark</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6, 1951.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal Warehouse</u>		8. DATE OF BIRTH <u>February 22, 1888</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.		
11a. BIRTHPLACE (State or foreign country) <u>Brown County, Nebraska.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Daniel Roark</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Steven</u>		14. NAME OF HUSBAND OR WIFE <u>Lettie Lee Roark</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-07-4498</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lettie Lee Roark St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause unknown</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 <u>465x</u>					20. AUTOPSY? YES <input checked="" 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 <u>7-2</u> , 19 <u>51</u> , to <u>7-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>51</u> , and that death occurred at <u>5:15A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Clement P. Chimento</u> (Degree or title)			23b. ADDRESS <u>St. Joseph Mo</u>			23c. DATE SIGNED <u>7-6-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buchanan Co., Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>July 10, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nathan H. Hershoff St. Joseph, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

Raymond W. Harcher

Licensed Embalmer No. 4 413 Missouri

P. O. Address St. Joseph, Missouri.

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.