

S. No. 300
V. 10.48

STANDARD CERTIFICATE OF DEATH

State File No. **29693**

FILED OCT 2 1951

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 320			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau Mo			c. LENGTH OF STAY (In this place) 2 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Frohna Mo.			0770		
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Mo. Hospital				d. STREET ADDRESS (If rural, give location) /					
3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) J. c. (Last) Roth			4. DATE OF DEATH (Month) (Day) (Year) Sept 17 1951						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 1 1884		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perry Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Christian Roth			13b. MOTHER'S MAIDEN NAME Magdalene Landgraf		14. NAME OF HUSBAND OR WIFE Millisa Roth (Aurick)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. LINK		17. INFORMANT'S SIGNATURE OR NAME Shirley Roth				ADDRESS Seventy Six Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic cirrhosis INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 5810				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia	
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 9-2-1951 , to 9-17-1951 , that I last saw the deceased alive on 9-17-1951 , and that death occurred at 1:30 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.				23b. ADDRESS 714 Broadway Cape Girardeau Mo		23c. DATE SIGNED 9-2-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20 1951	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Frohna Mo.				
DATE REC'D BY LOCAL REG. 9-24-51		REGISTRAR'S SIGNATURE C. C. Summers			25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 1 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *Wallace Young*.....

Licensed Embalmer No. *4027*.....

P. O. Address *Perryville 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.