

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8550
1049

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 2 1/2 YRS.		d. STREET ADDRESS (If rural, give location) 3512 Brooklyn	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Adam	b. (Middle) F.	c. (Last) Roth	4. DATE OF DEATH (Month) (Day) (Year) 3 4 52
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-5-1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY BLACK SMITH	11. BIRTHPLACE (State or foreign country) YORK, PENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ADAM ROTH	13b. MOTHER'S MAIDEN NAME CATHERINE HEIM	14. NAME OF HUSBAND OR WIFE KATHERINE ROTH
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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) No	16. SOCIAL SECURITY NO. 492-18-3637A	17. INFORMANT'S SIGNATURE OR NAME MRS. ROTH	ADDRESS 3512 Brooklyn K.C.MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 42ul
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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)
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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 Mar. 3, 1952, to Mar. 4, 1952, that I last saw the deceased alive on Mar. 4, 1952, and that death occurred at 12:45 AM., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns, M.D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 3-4-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-6-52	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ATCHISON KS.
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DATE REC'D BY LOCAL REG. 3-5-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGILLEY-EYAR K.C.MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. [Signature]

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.....

[Handwritten Signature]

Licensed Embalmer No. 2999

P: O. Address CC

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.