

No. 3007
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12092

State File No.

117
0
MAY 5 - 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 452

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 town) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2403 Frederick Ave.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beatrice</u> b. (Middle) <u>Lillian</u> c. (Last) <u>Roche</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 17, 1880</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe.</u>		11. BIRTHPLACE (State or foreign country) <u>London, England</u> <u>4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Charles Slater</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Minton</u>	14. NAME OF HUSBAND OR WIFE <u>George Ernest Roche</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give type of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Roche St. Joseph, Missouri.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarction + Pulmonary edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>Several yrs.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Failure + Anasarca</u> <u>4 wks</u> <u>Hydrothorax Right.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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? <u>4200</u>

22. I hereby certify that I attended the deceased from 3-19-1952, to April 22, 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. L. Howden M.D.</u> (Degree or title)	23b. ADDRESS <u>419 Kirkpatrick Bldg</u>	23c. DATE SIGNED <u>April 23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Apr. 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prospect Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Rapids, Kansas.</u>
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DATE REC'D BY LOCAL REG. <u>April 29, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casler</u> <u>446</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Schaffer</u> ADDRESS <u>St. Joseph, Mo.</u>
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(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~~ *****

**** * * * * *

working under my personal supervision.

Student Embalmer No.

Signed *Albert B. Harrington*

Signed.....-**** * * * *-
Student Embalmer

Licensed Embalmer No. 3258 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.