

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12430

Dr. Taylor

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 98

1. PLACE OF DEATH.

a. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City

c. LENGTH OF STAY (in this place) 7 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION 115 Bolivar Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Cole

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 0264

d. STREET ADDRESS (If rural, give location) 115 Bolivar Street 0

3. NAME OF DECEASED

a. (First) Lula b. (Middle) Effie c. (Last) Romine

4. DATE OF DEATH (Month) (Day) (Year) Apr 12 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2

8. DATE OF BIRTH June-26-1869 9. AGE (In years last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Linn, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Chapman

13b. MOTHER'S MAIDEN NAME Katherine Carey

14. NAME OF HUSBAND OR WIFE Jacob L. Romine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Flossie Walsh, Jefferson City, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardin

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) no vascular disease years

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 443X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 3, 1952, to April 12, 1952, that I last saw the deceased alive on April 12, 1952, and that death occurred at 3:15 PM, from the causes and on the date stated above.

23a. SIGNATURE Dean A. Taylor (Degree or title) _____

23b. ADDRESS Jefferson City, Mo. _____

23c. DATE SIGNED Apr 12 '52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr 14-1952

24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson City, Mo

DATE REC'D BY LOCAL REG. APR 14 1952

REGISTRAR'S SIGNATURE R.P. Davis MD

FEDERAL DIRECTOR'S SIGNATURE _____

ADDRESS Jefferson City, Mo

(Licensed Embalmer's Statement of Reverse Side)

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

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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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Thayer J. Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City, 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.