No. 300
10.48

FILED JUL 21 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

23990

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 172

264
1

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

**1. PLACE OF DEATH**
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1505 E. Miller St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0264
d. STREET ADDRESS (If rural, give location): 1505 E. Miller St. 0

**3. NAME OF DECEASED** (Type or Print): a. (First) John M. b. (Middle) Roark c. (Last)

**4. DATE OF DEATH** (Month) (Day) (Year): July 15, 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Jan 4 1885
**9. AGE** (In years last birthday): 67 — If under 1 year: Months 6, Days 11 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Painter & Paper Hanger
**10b. KIND OF BUSINESS OR INDUSTRY**: Own
**11. BIRTHPLACE** (State or foreign country): Russellville, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Benjamin Roark
**13b. MOTHER'S MAIDEN NAME**: Eliza Payne
**14. NAME OF HUSBAND OR WIFE**: Emma Roark

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: no
**17. INFORMANT'S SIGNATURE OR NAME**: Emma Roark, Jefferson City, Mo. ADDRESS

**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) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of penis — 12 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Malnutrition. Inguinal hernia

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 179 X
**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) m.
**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* July 14 1952, *to* July 15, 1952 *that I last saw the deceased alive on* July 15, 1952 *and that death occurred at* 10:25 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Robert H. Tanner, M.D.
**23b. ADDRESS**: Jefferson City, Mo.
**23c. DATE SIGNED**: 7-16-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 1
**24b. DATE**: July 17, 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.**: July 16-1952
**REGISTRAR'S SIGNATURE**: R. P. Darris MD - MR
**25. FUNERAL DIRECTOR'S SIGNATURE**: Victor Brescher
**ADDRESS**: Jefferson City, Mo.

68-0 (Licensed Embalmer's Statement on Reverse Side)

NOV 6 1952

## 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 Victor Buesscher

Licensed Embalmer No. 3,701

P. O. Address Jefferson City

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.