No. 300
10.48

FILED AUG 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23991

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 193

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): 4 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chas E. Still Osteo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-- 06
d. STREET ADDRESS (If rural, give location): R.R.#1, ~~Henley~~, Brumley, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Alexander
c. (Last): Root

4. DATE OF DEATH (Month) (Day) (Year): Aug 3 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct-14-1897
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Park Concessioner
10b. KIND OF BUSINESS OR INDUSTRY: State Park
11. BIRTHPLACE (City and State or Foreign Country): Jefferson City, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George E. Root
13b. MOTHER'S MAIDEN NAME: Susan LePage Root
14. NAME OF HUSBAND OR WIFE: Anne Root

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.: 499-24-6218
17. INFORMANT'S SIGNATURE OR NAME: Anne Root, R.R.#~~Henley, Mo~~ — ADDRESS: Brumley 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) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) C.A. of Lung + Liver — 5 MO
DUE TO (c) Primary Hypernepheroma — 1 yr 5 Mo

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: 180X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Corrected by Incident 5 [illegible]
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* May 29, 1952, *to* Aug 3, 1952, *that I last saw the deceased alive on* Aug 2, 1952 *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene E. Lake DO
23b. ADDRESS: 416 East High Jefferson City
23c. DATE SIGNED: Aug 3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Aug-5-52
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo

DATE REC'D BY LOCAL REG.: Aug 4-52
REGISTRAR'S SIGNATURE: R. P. Dorris MS-MR 68-0
25. FUNERAL DIRECTOR'S SIGNATURE: Roger J. Corden — ADDRESS: Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 1957

AUG 19 1957

AUG 29 1957

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 Sharpe J. Gordon

Licensed Embalmer No. 786

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.