

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30706

State File No.

S. No. 300
EV. 10.48

DECEASED OCT 2 1952

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 0092 Registrar's No. 93

0070

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

1. PLACE OF DEATH a. COUNTY <u>Bates</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lone Oak TWP</u> c. LENGTH OF STAY (In this place) <u>80 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 5 Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u> c. CITY OR TOWN <u>Rural Lone Oak TWP</u> d. STREET ADDRESS (If rural, give location) <u>RFD 5 Butler</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u> b. (Middle) <u>Rebecca</u> c. (Last) <u>Romine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19 1952</u>								
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 6, 1863</u>	9. AGE (In years last birthday) <u>89</u>	10. MONTHS <u>9</u>	10. DAYS <u>13</u>	10. HOURS	10. MIN.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Ky.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>William Hurst</u>	13b. MOTHER'S MAIDEN NAME <u>no record -</u>	14. NAME OF HUSBAND OR WIFE <u>James C. Romine</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Romine RFD Butler</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Colon</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr -</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>attending physician ill in Hospital</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (eg., in or about home, farm, factory, street, other 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?		

22. I hereby certify that I attended the deceased from Death, arrival, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Underwood, Coroner</u>		23b. ADDRESS <u>Butler Mo -</u>		23c. DATE SIGNED <u>9-19-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morris Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bates Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 21-52</u>	REGISTRAR'S SIGNATURE <u>Hendel Romine</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culver - Underwood Butler Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.