

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300 FILED OCT 8 1952

10.48

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5440</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twp.</u>		c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twp.</u>		<u>3320</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bland, Mo. Rt.</u>				d. STREET ADDRESS (If rural, give location) <u>Bland, Mo. Rt.</u>				
3. NAME OF DECEASED (Type or Print) <u>Conrad</u>			a. (First)		b. (Middle)		c. (Last) <u>Roast</u>	
4. DATE OF DEATH <u>July 26 1952</u>		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Nov. 3, 1876</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>**</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stony Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jacob Roast</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline</u>			14. NAME OF HUSBAND OR WIFE <u>**</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>**</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jacob Roast</u> ADDRESS <u>Owensville, Mo.</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>Found dead in yard</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Natural causes</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7953</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Hugo H. Blumer</u> <u>Coroner</u>				23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>7-26-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-28-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Owensville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 2, 1952</u>		REGISTRAR'S SIGNATURE <u>Karathy Wallace</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. Winter</u>		ADDRESS <u>OWENSVILLE</u>		

(Licensed Embalmer's Statement of Reverse Side)

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

0370

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin A. N. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.