

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39262

State File No.

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5605 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Township</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington Twn.</u>	
		d. STREET ADDRESS (If rural, give location) <u>15 miles S.W. of Knob Noster, Mo.</u>	

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Newton</u> c. (Last) <u>Roades</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 29, 1880</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>		IF UNDER 12 mos. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Highland, Ohio</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>William Roades</u>			13b. MOTHER'S MAIDEN NAME <u>Liza Jane Nace</u>			14. NAME OF HUSBAND OR WIFE		
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Roades, Rt. #2 Leeton, Mo.</u>			
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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>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		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 <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov 20, 1952 to Nov 26, 1952; that I last saw the deceased alive on 11-26, 1952 and that death occurred at 11:45 PM from the causes and on the date stated above.

23a. SIGNATURE <u>R. Leeper M.D.</u> (Degree or title)			23b. ADDRESS <u>Warrenburg Mo</u>			23c. DATE SIGNED <u>12-3-52</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 28, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>8 Mi. So. of Knob Noster</u>			
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DATE REC'D BY LOCAL REG. <u>Dec 5-52</u>		REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MO. <u>W. Raymond Baker, Knob Noster, Mo.</u>		
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. Raymond Baker

Licensed Embalmer No. *4616*

P. O. Address *Knot Hoster, 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.