

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41522**

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 347

1. PLACE OF DEATH STATE CANCER HOSP a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY OR TOWN <u>COLUMBIA</u>		c. CITY OR TOWN <u>ROLLA</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>104 PARK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS FISCHER STATE CANCER HOSP.</u>			

3. NAME OF DECEASED a. (First) <u>CHARLES ALFRED</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>ROACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 28 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>2-10-1885</u>		9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR Days <u>9</u> Hours <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>ROLLA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>LENA ROACH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LORENE WIENBERG</u>	
(If yes, give war or dates of service)		NO.		ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the bladder with Rectal invasion</u>		DUPLICATE (b) <u>with marked dehydration and</u>				<u>18 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u>Electrolyte disturbance</u>				<u>3-4 w.</u>	
II. OTHER SIGNIFICANT CONDITIONS - <u>1. Marked pulmonary emphysema + tobacco</u>		DUPLICATE <u>with pneumonitis 2. Silicosis</u>				<u>30 years</u>	
Conditions contributing to the death but not related to the disease or condition causing death.						<u>Terminal</u>	

19a. DATE OF OPERATION <u>Feb. 5, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the bladder with lymph node metastases</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Rolla Mo</u>			
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 Dec. 25, 1952, to Dec 28, 1952, that I last saw the deceased alive on Dec 28, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Thom Warren M.D.</u>		23b. ADDRESS <u>Ellis Fisher State Cancer Hosp</u>		23c. DATE SIGNED <u>Dec 28 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		DATE REC'D BY LOCAL REG. <u>Dec 29 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service</u>		ADDRESS _____			

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

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

M. J. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.