

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43122**

No. 300  
10. 48

FILED DEC 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5983** Registrar's No. **153**

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

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY OR TOWN <b>Waynesville Rural</b>		c. LENGTH OF STAY (in this place) <b>6 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waynesville, Rural, Route 1</b>		d. STREET ADDRESS (If rural, give location) <b>0850</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Roam</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 12, 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 29, 1897</b>
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during those of working life, even if retired) <b>Switcheboard</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Pulaski Co. Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Joseph C. Roam</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Booher</b>	14. NAME OF HUSBAND OR WIFE <b>Lena Fay Roam</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-16-2586</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lena Fay Roam</b> ADDRESS <b>Waynesville, Mo. RR1</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES <b>Coronary heart disease</b> 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.	
INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/201</b>		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)	
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 <b>12-12, 1952</b> , to <b>12-12, 1952</b> , that I last saw the deceased alive on <b>12-12, 1952</b> , and that death occurred at <b>9:50 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. Miller, MD</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>Waynesville, Mo.</b>	23c. DATE SIGNED <b>12-14-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/14/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pulaski County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>12-14-52</b>	REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Nedra E. ...</b> ADDRESS <b>Waynesville, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-14-52  
Muski County Health Officer  
File Number  
Date Filed 12-20-52

JAN 8 1953

JAN 15 1953

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 *Walter P. Hager*

Licensed Embalmer No. *4265*

P. O. Address *Thermon, 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.