

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6062 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collins (Rural)</u> c. LENGTH OF STAY (in this place) <u>5 1/2</u> years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collins (Rural)</u> <u>1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doyal Township</u>		d. STREET ADDRESS (If rural, give location) <u>Doyal Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Divonlus</u> b. (Middle) <u>Newton</u> c. (Last) <u>Roady</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 28, 52</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/27/1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Knoxville Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Newton Roady</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Luttrell</u>	14. NAME OF HUSBAND OR WIFE <u>Ila Roady</u>
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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>709-18-3618</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orville Roady, Ottawa Kansas</u> ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		---
	ANTECEDENT CAUSES DUE TO (b) <u>Found dead in barn. NO signs</u> DUE TO (c) <u>of Violence</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 Jan 10, to Jan 10, 1952, that I last saw the deceased alive on Jan 10, 1952, and that death occurred at 11A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Faust B. Handrick, Coroner</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Osceola Missouri</u>	23c. DATE SIGNED <u>12/15/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osceola Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>12/15/52</u>	REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Handrick</u> ADDRESS <u>Osceola Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 20 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 J. B. Sandwick

Licensed Embalmer No. 3038

P. O. Address Cresola 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.