

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2689

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 622 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Richmond Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Richmond</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles West Rayville</b>		d. STREET ADDRESS (If rural, give location) <b>3 miles West Rayville</b>	
3. NAME OF DECEASED a. (First) <b>Virginia</b> b. (Middle) <b>Ann</b> c. (Last) <b>Romazon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 23, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 13, 1896</b>
9. AGE (In years last birthday) <b>56</b>		10. MONTH <b>2</b>	11. DAY <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Augustus Lile</b>	
13b. MOTHER'S MAIDEN NAME <b>Leona McGaugh</b>		14. NAME OF HUSBAND OR WIFE <b>August L. Romazon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>August A. Romazon</b>		ADDRESS <b>Rayville, Missou</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Chronic Myocarditis &amp; Cardiac Failure</b>	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>	
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 <b>4201</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 <b>Rayville</b> COUNTY <b>Ray</b> STATE <b>Mo</b>			
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>Sept</b> , 1952, to <b>Jan 23</b> , 1953, that I last saw the deceased alive on <b>Jan 21</b> , 1953, and that death occurred at <b>1:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Peter Qualerer MD</b>		23b. ADDRESS <b>Lanson Mo.</b>	
23c. DATE SIGNED <b>1/27/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 25, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Old Union</b>		24d. LOCATION (City, town, or county) (State) <b>Lanson, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Jan 28 1953</b>		REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard Missouri</b>		ADDRESS <b>Perkinsville</b>	

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 \_\_\_\_\_

*George L. ...*

Licensed Embalmer No. 4066

P. O. Address Richmond, Va

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.