

FILED FEB 10 1953

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Bernon</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Deep</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walker</u> - 1080	
c. LENGTH OF STAY (in this place) <u>20 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 3</u>			
3. NAME OF DECEASED (Type or Print) <u>Otis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-29-1953</u>	
a. (First)		b. (Middle)	
c. (Last) <u>ROMAN</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 4-1882</u>
9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	
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>Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Solomon Roman</u>		13b. MOTHER'S MAIDEN NAME <u>Armenta Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Roman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Miss</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		ADDRESS <u>Nebraska</u>	
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>Carcinoma of Nose</u> INTERVAL BETWEEN ONSET AND DEATH <u>100X</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) <u>160X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralytic psychosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Jan 29</u> , 19 <u>53</u> to <u>Jan 29</u> , 19 <u>53</u> ; that I last saw the deceased alive on <u>Jan 29</u> , 19 <u>53</u> and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Nebraska</u>	
23c. (Degree or title) <u>M.D.</u>		23d. DATE SIGNED <u>Jan 29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-2-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nebraska Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-3-53</u>		REGISTRAR'S SIGNATURE <u>Anna & Ferry</u>	
451		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. ...</u>	
ADDRESS <u>Nebraska</u>			

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 *Maud Cechinger*

Licensed Embalmer No. *2656*

P. O. Address *Heards, 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.