

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Candeur</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Candeur</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Candeurton</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>6150</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Paul</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Farmer Home</u>			
3. NAME OF DECEASED a. (First) <u>Lucindia</u> b. (Middle) <u>Frances</u> c. (Last) <u>Roach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Sp. Div.) <u>married</u>	8. DATE OF BIRTH <u>Mar 19 - 1865</u>
9. AGE (In years last birthday) <u>88</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McRee Ky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ham Turby</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Atkeson</u>	14. NAME OF HUSBAND OR WIFE <u>James Roach</u>
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lee Farmer as above</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>Myocardial Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</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) _____ II. OTHER SIGNIFICANT CONDITIONS <u>recent fracture of arm with open reduction</u>	
19a. DATE OF OPERATION <u>Feb. 17, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Open reduction of fracture 410XF</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)	
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 <u>Feb. 11, 1953</u> , to <u>Feb. 27, 1953</u> , that I last saw the deceased alive on <u>Feb. 26, 1953</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. L. L. Libbert, M.D.</u>		23b. ADDRESS <u>Candeurton Mo.</u>	23c. DATE SIGNED <u>3-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 2 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roach</u>	24d. LOCATION (City, town, or county) (State) <u>Candeur Co Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 3 - 1953</u>	REGISTRAR'S SIGNATURE <u>Zelpha Inaw 420</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barbeau-Wobley, Candeurton Mo</u>	

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

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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

Philip Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Damascus, 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.