

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17145**

FILED JUN 1 - 1953

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 609
1. PLACE OF DEATH a. COUNTY Cochran 01172		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cochran		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 01173		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2		d. STREET ADDRESS (If rural, give location) 2705. 60 23rd St.		
3. NAME OF DECEASED (Type or Print) ROBERT		a. (First) WILLIAM ROBERT	b. (Middle) ROOT	c. (Last) Root
4. DATE OF DEATH May 26 53		5. SEX male		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 24, 1874		9. AGE (In years last birthday) 78-
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew Root		13b. MOTHER'S MAIDEN NAME not given
14. NAME OF HUSBAND OR WIFE not given		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Carl Root		17. ADDRESS 2705 60 23rd St. St. Joseph, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Lobar Pneumonia		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 day
* This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490X		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 Jan 1, 1952 , to May 26, 1953 , that I last saw the deceased alive on May 25, 1953 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Korrest Thomas M.D.		23b. ADDRESS St. Joseph Mo St. State Hospital		23c. DATE SIGNED 5/26-53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/28/1953		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kathleen M. Allison		25. ADDRESS Neaton - Bowman Funeral Home St. Joseph, Mo.
DATE REC'D BY LOCAL REG. May 28, 1953		REGISTRAR'S SIGNATURE #85		

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 395 10th St Joseph 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }
County of Buchanan } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 17145
Local Registrar's No. 609

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16 day of June, 1953, before me appears Carl L. Root, who, upon his oath, states that the original record of ^{birth} ~~death~~ for Robert Root, died ^{born} May 26, 1953, in the State of Missouri, and which was filed at St Joseph on 5-28, 1953, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 3 should read William Robert Root

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. 136 should read Amanda unknown

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. 17 should read Carl Root, 2705 So. 23rd St, City

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Carl L. Root Son
Relationship.

2705 So. 23rd St, City
Present Address.

Subscribed and sworn to before me this 16 day of June, 1953

My Commission expires Nov. 3, 1956

Inez P. Balmat Notary Public.

S-17145