

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23626

State File No. _____

FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4286 Registrar's No. 15-1953

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Sullivan	a. STATE Missouri		b. COUNTY Sullivan
b. CITY (If outside corporate limits, write RURAL and give township) Browning	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Browning	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	1750

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) Francis	c. (Last) Roach	(Month) 6	(Day) 20	(Year) 53
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1874		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME James Lewis Roach	13b. MOTHER'S MAIDEN NAME Mary C. Emerson	14. NAME OF HUSBAND OR WIFE Gordelia F. Roach
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Gordelia F. Roach	ADDRESS Browning
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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		INTERVAL BETWEEN ONSET AND DEATH 20 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) diabetic coma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c)		
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 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) m.	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 July 18, 1953, to June 20, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 4:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard Carter M.D.	23b. ADDRESS Browning, Mo.	23c. DATE SIGNED June 28, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-22-53	24c. NAME OF CEMETERY OR CREMATORY Humphery	24d. LOCATION (City, town, or county) (State) Humphery Mo.
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DATE REC'D BY LOCAL REG. June 28, 53	REGISTRAR'S SIGNATURE Ebra Crookshanks	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home	ADDRESS Browning, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

40.300
10.48
50
1

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 Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address Brownington

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.