

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35498

State File No. _____

FILED NOV 5 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>*Clay Ark</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		8230 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Rector Rt. 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Roofe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 15, 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
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		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ben Merrell</u>			13b. MOTHER'S MAIDEN NAME <u>Emily</u>		14. NAME OF HUSBAND OR WIFE <u>Edgar Roofe</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Selma Chilcutt Greenway Ark Rt. 1</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u>			
				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.			
				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 <u>4201</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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-13-53</u> to <u>10-26</u> , 1953, that I last saw the deceased alive on <u>10-26-53</u> , 1953, and that death occurred at <u>8:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. C. Wilson, M.D.</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>10-31-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>10-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Rector Ark</u>		
DATE REC'D BY LOCAL REG. <u>Nov 3-1953</u>		REGISTRAR'S SIGNATURE <u>Earl Hubbard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Irby</u>		ADDRESS <u>Rector Ark</u>	

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

0352
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-4-53

COUNTY FILE NUMBER 1153-266

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 Alan W. McBride

Licensed Embalmer No. 446

P. O. Address Rector, Ark.

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.