

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36062

5072

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5072</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1yr</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>214 E. Armour K.C. Mo</u>				e. STREET ADDRESS (If rural, give location) <u>214 E. Armour</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS. ANNA</u> b. (Middle) <u>GRANDS</u> c. (Last) <u>ROTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct, 22, 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>May 2, 1872</u>	9. AGE (In years last birthday) Months Days <u>81</u>	10. UNDER 1 YEAR Months Days <u>10 yrs</u>	11. UNDER 1 HR. Hours Min. <u>33 24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Buckner, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel H. Chiles</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>Lucian W. Roth Dec</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. Van Allen-Santantano Jay.</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>Cerebral embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>instant</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., 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 <u>Aug 1938</u> , 19 <u>38</u> , to <u>10/21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/21</u> , 19 <u>53</u> , and that death occurred at <u>5:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul Lowell M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>10E 40th KC Mo</u>		23c. DATE SIGNED <u>10/22/53</u>	
24a. BURIAL CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 24, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-23-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas Mitchell Indep, Mo.</u>			

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

APR 18 1938

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 me..... Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Henry J. Mitchell..... Licensed Embalmer No. 392.....

P. O. Address Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.