

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36262**
REGISTRATION DISTRICT **487**
REGISTRAR'S NO. **487**

FILED NOV 4 - 1953

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2201		REGISTRAR'S NO. 487	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Seneca		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp				d. STREET ADDRESS (If rural, give location) 2 mi So. of Seneca			
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Edward c. (Last) Roark			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1953				
5. SEX Male	6. COLOR OR RACE whit.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar	8. DATE OF BIRTH Feb. 18, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Austin Roark		13b. MOTHER'S MAIDEN NAME Tennessee Woods		14. NAME OF HUSBAND OR WIFE Ella Roark			
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. 494-18-4821		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ella Roark, Rte 1, Seneca, Mo			
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) Cardio-vascular renal Disease				9/4/51	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Uremic Poisoning				10/5/53	
		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 442X				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 9/4/1951 , to 10/21/1953 , that I last saw the deceased alive on 10/21/1953 , and that death occurred at 7:00 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) J. R. Kuhn, Jr., M.D.				23b. ADDRESS 321 Frisco Building Joplin, Mo		23c. DATE SIGNED 10/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-25-53	24c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery		24d. LOCATION (City, town, or county) (State) Seneca, Mo		
DATE REC'D BY LOCAL REG. 10-27-53		REGISTRAR'S SIGNATURE Ed. P. James		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Beddlemore		ADDRESS Seneca Mo	

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

RECEIVED NOV 2 1953

Jasper County Health Office

County File Number 53-11-873

Date Filed NOV 2 1953

FEB 15 1954

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.