

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38333**

FILED DEC 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1255

1. PLACE OF DEATH a. COUNTY <u>Budacauss,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Budacauss,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN</u> <u>St. Joseph.</u>	c. LENGTH OF STAY (in this place) <u>15 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN</u> <u>St. Joseph,</u> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2,</u>		d. STREET ADDRESS (If rural, give location) <u>801 1/2 Frederick Avenue,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>A.</u> c. (Last) <u>ROMAN.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-1953,</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single,</u>	8. DATE OF BIRTH <u>4-7-1872,</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>De Halle County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.,</u>

13a. FATHER'S NAME <u>Robert Roman.</u>		13b. MOTHER'S MAIDEN NAME <u>Lavera Carson.</u>		14. NAME OF HUSBAND OR WIFE <u>Single.</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>Margaret Roman - 801 1/2 Frederick Ave St. Joseph Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS I 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>450X</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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16-1953, to 12-1-1953, that I last saw the deceased alive on 12-1-1953, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harriet Thomas,</u>	(Degree or title) <u>M.D.,</u>	23b. ADDRESS <u>State Hospital No. 2 St. Joseph, Mo.</u>	23c. DATE SIGNED <u>12-1-1953,</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 7, 1953</u>	REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor J. Barry 87 1/2 Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address 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.