

STANDARD CERTIFICATE OF DEATH

43697

State File No.

FILED DEC 21 1953 BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No.

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|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Montgomery | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Montgomery | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery city | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home C | | d. STREET ADDRESS none | | 0720 D | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lillie | | b. (Middle) D. | | c. (Last) Romans | |
| 4. DATE OF DEATH (Month) (Day) (Year) 12-11-1953 | | 5. SEX F | | 6. COLOR OR RACE W | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S | | 8. DATE OF BIRTH May 8 1872 | | 9. AGE (In years less birthday) <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 12 HRS. 27 81 Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Near Montgomery City Mo | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Jermire Romans | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Single | | 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. no | |
| 17. INFORMANT'S SIGNATURE OR NAME John Alfred Romans | | ADDRESS Montgomery Mo | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carotid occlusion - Infarctoid ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis - infarctoid DUE TO (c) Post Broncho-pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Virus T.H.A. | | INTERVAL BETWEEN ONSET AND DEATH 14 days 14 days | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION None | | 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 11-25 1952, to 12-11, 1952, that I last saw the deceased alive on 12-11, 1952, and that death occurred at 9:20 p.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE E. L. T. Andersen, M.D. | | (Degree or title) | | 23b. ADDRESS Montgomery City Mo | |
| 23c. DATE SIGNED 12/12/53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) B | | 24b. DATE 12-13-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY Montgomery City Cem | | 24d. LOCATION (City, town, or county) Montgomery City Mo | | | |
| DATE REC'D BY LOCAL REG. Dec 15-53 | | REGISTRAR'S SIGNATURE Laurie B. Carlaway | | 5. FEDERAL DIRECTOR'S SIGNATURE W. H. Hill | |
| ADDRESS MONTGOMERY CITY MO | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0720

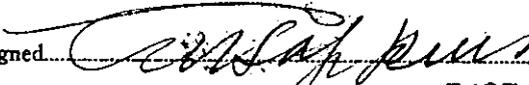
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXX~~ On the
11th day of Dec 1953

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed 

Licensed Embalmer No. 1487

P. O. Address. Montgomery City 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.