

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2022

State File No.

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5708 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Newton Co. Mo.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Buffalo</u>		c. LENGTH OF STAY (In this place) <u>4 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Buffalo 0600</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. E. of Hart, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. E. of Hart, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>1 mi. E. of Hart, Mo.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Ray</u> c. (Last) <u>Roark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20 1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never mar.</u>	8. DATE OF BIRTH <u>Sept. 5, 1953</u>	9. AGE (In years last birthday) <u>4</u>	10. UNDER 1 YEAR Months <u>4</u> Days	11. IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles F. Roark</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Sharp</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>Chas. F. Roark, R. Pte. Seneca Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital valve lesion</u> DUE TO (c) 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>1 d.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Seneca Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Dec 15, 1953, to Jan 20, 1954, that I last saw the deceased alive on Jan 19, 1954 and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John B. Roberts M.D.</u>	23b. ADDRESS <u>Seneca, Mo.</u>	23c. DATE SIGNED <u>1/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Swans Pr. Bch.</u>	24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-25-54</u>	REGISTRAR'S SIGNATURE <u>Margie Humphrey</u>	423	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Bellmore</u>	ADDRESS <u>Seneca Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 Biddlebaum

Licensed Embalmer No. 2174

P. O. Address Seneca

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.