

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11160**

FILED APR 29 1954

BIRTH NO. _____		REG. DIST. NO. <u>17</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. LENGTH OF STAY (In this place) week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian		0071	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hosp.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Roach			4. DATE OF DEATH (Month) (Day) (Year) Apr. 16, 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 14 1878	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Hwfe		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Halcomb Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benjamin Franklin Crenshaw			13b. MOTHER'S MAIDEN NAME Allie ? ?			14. NAME OF HUSBAND OR WIFE Thomas H. Roach	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Gilham Adrian 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bronchial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) aged & hemiparalysed DUE TO (c) prob. pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 wk.	
19a. DATE OF OPERATION none		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) 491X			
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 April 10, 1954 , to Apr 16, 1954 , that I last saw the deceased alive on April 16, 1954 , and that death occurred at 6:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE E. E. Robinson M.D. (Degree or title)				23b. ADDRESS Adrian Mo.		23c. DATE SIGNED 4-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-54		24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.		24d. LOCATION (City, town, or county) (State) Adrian Mo.	
DATE REC'D BY LOCAL REG. Apr. 1-19-54		REGISTRAR'S SIGNATURE Kendall Hursey		25. FUNERAL DIRECTOR'S SIGNATURE St. Funeral Service		ADDRESS Adrian Mo.	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 3650

P. O. Address Adrian 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.