

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12219  
1463

State File No. ....

FILED APR 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>61 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>215 2415 SPRUCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ETHEL</u>	b. (Middle) <u>EMMA</u>	c. (Last) <u>ROTH</u>	<u>MARCH 30, 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR (OR RACE) <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 11, 1883</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LICENSE DEPT.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DRY FORK, ARKANSAS</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>HENRY H. COREY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ANN DAVIS</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES A. ROTH</u>
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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>489-24-3171</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES A. ROTH</u>	ADDRESS <u>2415 SPRUCE K.C. MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		<u>8 days</u>
	DUE TO (c) <u>Arterio sclerosis</u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>			
19a. DATE OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 1953, to March 30, 1954, that I last saw the deceased alive on March 29, 1954, and that death occurred at 8:57 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. S. Long</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4800 E. 24th K.C.</u>	23c. DATE SIGNED <u>4-1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>4-1-54</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman</u>	ADDRESS <u>Don Mc P.C. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed..... *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.