

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14582

State File No.

FILED APR 19 1954

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY OR TOWN _____
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>KINSEY P.O. MO</u>		e. STREET ADDRESS (If rural, give location) <u>KINSEY P.O. MO</u>	
3. NAME OF DECEASED (Type or Print) <u>EMMA</u>		a. (First)	b. (Middle) <u>ROTH</u>
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 10 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN 23 1884</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>STE. GENEVIEVE CO MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ANDREW ROTH</u>	
13b. MOTHER'S MAIDEN NAME <u>ANNA ROTH</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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 <u>William Roth Kinsey</u>		ADDRESS <u>MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4222</u> YES <input type="checkbox"/> NO <input 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 _____, 19 <u>35</u> , to <u>Apr. 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Apr. 11</u> , 19 <u>54</u> , and that death occurred at <u>8:00 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William E. Kinsey</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Ste. Genevieve MO</u>	
23c. DATE SIGNED <u>4-11-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>APRIL 13 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST ANNE'S</u>	
24d. LOCATION (City, town, or county) (State) <u>FRENCH VILLAGE MO</u>		DATE REC'D BY LOCAL REG. <u>Apr. 12, 1954</u>	
REGISTRAR'S SIGNATURE <u>Lucille Barber</u> 481		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Barber</u> ADDRESS <u>St. Genevieve MO</u>	

(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.....
Signature of Student Embalmer

Signed... *Adrian J. O'Leary*

Licensed Embalmer No. *474*

P. O. Address *St. Paul*

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.