

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1954

State File No. 16701

BIRTH NO. \_\_\_\_\_ REC. DIST. NO. 230 PRIMARY REG. DIST. NO. 4344 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>Montgomery Co.,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Montgomery Co.</b>	
b. CITY OR TOWN <b>McKittrick, Mo.</b>		c. CITY OR TOWN <b>McKittrick, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>0700</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mollie</b>	b. (Middle) <b>Serepha</b>	c. (Last) <b>Romaker,</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 28th 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 5-1886</b>	9. AGE (in years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Near McKittrick, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>John Volk,</b>	13b. MOTHER'S MAIDEN NAME <b>Fannine Ellis,</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Romaker,</b>
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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)	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs John Benskin, McKittrick, Mo.</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the</b>		<b>6 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary Carcinoma of liver</b> DUE TO (c)		<b>6 mo</b>
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? 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)
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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 Aug 3, 1948, to May 28, 1954, that I last saw the deceased alive on May 20, 1954, and that death occurred at 11:45 AM., from the causes and on the date stated above.

23a. SIGNATURE <b>M. G. Jeter, D.O.</b> (Degree or title)	23b. ADDRESS <b>Herman, Mo.</b>	23c. DATE SIGNED <b>5/29/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 31st 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's</b>	24d. LOCATION (City, town, or county) (State) <b>Rhineland, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>May 31 1954</b>	REGISTRAR'S SIGNATURE, <b>Mrs. Eunice Bush</b>	432	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Baker</b> ADDRESS <b>American, Mo</b>
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(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 *L B Baker*.....

Licensed Embalmer No.. 337

P. O. Address Americus,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.