

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22654**
 BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **4190** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY OR TOWN BLAND		c. CITY OR TOWN BLAND	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) 30 yrs		e. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION family home			

3. NAME OF DECEASED (Type or Print) a. (First) Christian b. (Middle) Fredrick c. (Last) Roehl			4. DATE OF DEATH (Month) (Day) (Year) July 15, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 30, 1869		9. AGE (In years last birthday) 84		10. MONTHS 10 DAYS 15 HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Fuerverville, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Christian Roehl		13b. MOTHER'S MAIDEN NAME Sophia Meske		14. NAME OF HUSBAND OR WIFE Elizabeth (Kneeger) Roehl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Alfred Roehl ADDRESS Bland, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest		ANTECEDENT CAUSES			3 weeks
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Renal Failure			
		DUE TO (c) Cerebrovascular Accident			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bland Gasconade Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 28 1954 4:00 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell stove over ear	
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22. I hereby certify that I attended the deceased from **July 14, 1954**, to **July 15, 1954**, that I last saw the deceased alive on **July 15, 1954** and that death occurred at **6:24 am.**, from the causes and on the date stated above.

23a. SIGNATURE Wm Hedler D.O. (Degree or title)		23b. ADDRESS Bland, Mo		23c. DATE SIGNED 7-15-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 17-1954		24c. NAME OF CEMETERY OR CREMATORY FUERSVILLE		24d. LOCATION (City, town, or county) (State) OSAGE COUNTY, MO	
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DATE REC'D BY LOCAL REG. July 21, 1954		REGISTRAR'S SIGNATURE Mrs. Marvin Appmeyer 4937		25. FUNERAL DIRECTOR'S SIGNATURE Sassmann's Funeral Service Bland ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

70

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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.....
Malford H. H. W.

Licensed Embalmer No...*3*

P. O. Address...*OWENS*

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.