

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 20 1954

BIRTH NO. <u>1</u>		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5019</u>		Registrar's No. <u>50</u>			
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rochester Township Mo</u>		c. LENGTH OF STAY (in this place) <u>1 mo</u>		c. CITY OR TOWN <u>SAVANNAH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shady Lawn Nursing Home</u>				STREET ADDRESS (If rural, give location) <u>0020</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Roe</u> c. (Last) <u>Roe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-1954</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>2-22-1867</u>			
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>		IF UNDER 24 HRS. Hours <u></u> Min <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mail carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Roe</u>			13b. MOTHER'S MAIDEN NAME <u>Sallie Hughs</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Roe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Ruby Roe Savannah Mo</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				ANTECEDENT CAUSES Morbidity 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. <u>Benign Hypertrophy of prostate</u>								<u>6 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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)					
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 <u>7-9, 1954</u> to <u>9-15, 1954</u> , that I last saw the deceased alive on <u>9-10, 1954</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Consent O. L. ...</u>				23b. ADDRESS <u>Savannah, Mo</u>		23c. DATE SIGNED <u>9-16-54</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-17-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore</u>		24d. LOCATION (City, town, or county) (State) <u>Fillmore, Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-17-54</u>		REGISTRAR'S SIGNATURE <u>Lellian</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul Breit Funeral Home Savannah Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.4820
4

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. C. Breit*.....

Licensed Embalmer No. *2637*

P. O. Address *Savanna*

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.