

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38286

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5924		Registrar's No. 418	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia rural Dresden		c. LENGTH OF STAY (in this place) 36 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia rural Dresden			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3 Dresden, Mo.				d. STREET ADDRESS (If rural, give location) Route 3 Dresden, Mo.			
3. NAME OF DECEASED (Type or Print) CHARLES EDWARD ROMIG			4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 18, 1892	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Romig		13b. MOTHER'S MAIDEN NAME Margaret Barry		14. NAME OF HUSBAND OR WIFE Sadie Clark Romig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Sadie Romig, Route 3, Sedalia, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho Sarcoma of retro peritoneal glands 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. 2001					
19a. DATE OF OPERATION June 16, 1954		19b. MAJOR FINDINGS OF OPERATION A large retro peritoneal Sarcoma, inoperable				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 June 4, 1954, to Nov. 28, 1954, that I last saw the deceased alive on Nov 19, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. Walter M.D.				23b. ADDRESS Sedalia Mo.		23c. DATE SIGNED 11-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/30/54		24c. NAME OF CEMETERY OR CREMATORY Dresden Cemetery		24d. LOCATION (City, town, or county) (State) Dresden, Missouri	
DATE REC'D BY LOCAL REG. 11/30/54		REGISTRAR'S SIGNATURE Irene Coontz, Regt.		25. FUNERAL DIRECTOR'S SIGNATURE Irene Coontz		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A.L. Walters

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
Student Embalmer

Signed

R. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Sedalia Mo*

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 this body is not embalmed, fact should be so stated above.