FILED MAR 29 1955

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8653

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 38

532
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1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camdenton 050
d. STREET ADDRESS (If rural, give location): Gen Del 11

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): King
c. (Last): Rooch

4. DATE OF DEATH (Month) (Day) (Year): Mar 8 1955

5. SEX: Fem 1
6. COLOR OR RACE: wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 16 1878
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Osage Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Pleasant King
13b. MOTHER'S MAIDEN NAME: Anna Agee
14. NAME OF HUSBAND OR WIFE: Sidney C Rooch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: James P Rooch
ADDRESS: as above

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

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: Rheumatoid arthritis — 30 yrs.
Conditions contributing to the death but not related to the disease or condition causing death.
Secondary anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24-, 1955, *to* 3-8-, 1955, *that I last saw the deceased alive on* 3-8-, 1955 *and that death occurred at* 3.15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: B B Hurst (Degree or title) M.D.
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: 3-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 11-55
24c. NAME OF CEMETERY OR CREMATORY: Rooch
24d. LOCATION (City, town, or county) (State): Camden Co Mo

DATE REC'D BY LOCAL REG.: 3-19-1955
REGISTRAR'S SIGNATURE: Nella L. May 424
25. FUNERAL DIRECTOR'S SIGNATURE: Bankson Woolery
ADDRESS: Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

6

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

Received 3-26-33
Laclede County Health Unit
File No. 38
Date Filed 3-28-33

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 Darsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.