

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8909

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>228</u>		PRIMARY REG. DIST. NO. <u>5808</u>		Registrar's No. <u>J</u>			
1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY 3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death, admission). a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>High Hill</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MCKITTRICK</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DENNIS</u> b. (Middle) <u>FLOYD</u> c. (Last) <u>ROMAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 3 55</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>Nov 20 1947</u>			
9. AGE (In years last birthday) <u>7</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Herman MO</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>JOSEPH ROMAKER</u>			13b. MOTHER'S MAIDEN NAME <u>ESTHER CLARK</u>			14. NAME OF HUSBAND OR WIFE			
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. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH ROMAKER</u>		ADDRESS <u>MCKITTRICK</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>				DUE TO (b) <u>Severe Cerebral Concussion</u>				<u>35 min.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Traumatic injury to head producing fracture				<u>35 min.</u>	
DUE TO (c) <u>to skull in occipital portion</u>				Shock - compound fracture of right leg above knee - laceration over left mastoid process					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>E8124</u> <u>25</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>High Hill 070 Montgomery Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 3, 1955 1:40 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by automobile</u>					
22. I hereby certify that I attended the deceased from <u>April 3, 1955</u> , to <u>April 3, 1955</u> , that I last saw the deceased alive on <u>April 3, 1955</u> , and that death occurred at <u>1:40 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. H. Thompson</u>				23b. ADDRESS <u>New Florence, Mo</u>		23c. DATE SIGNED <u>4-5-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>Big Springs Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-6-55</u>		REGISTRAR'S SIGNATURE <u>Mrs May Miller 2062</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.S. Darby</u>		ADDRESS <u>Jonesburg, Mo</u>			

(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
Student Embalmer

Signed *Paul A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Conesburg 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.