

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10811**
 BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **6235** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY WARREN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY WARREN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-PICKNEY TWP 30925		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-PICKNEY TWP 30925		d. STREET ADDRESS (If rural, give location) 2 1/2 mi. North of GORE
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 mi. North of GORE					
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) SIMON c. (Last) ROEWE			4. DATE OF DEATH (Month) (Day) (Year) 4-11-1955		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-29-1892	9. AGE (In years last birthday) 63	<input type="checkbox"/> IF UNDER 1 YEAR <input checked="" type="checkbox"/> IF UNDER 24 HRS. <input checked="" type="checkbox"/> Hours <input checked="" type="checkbox"/> Mins.
10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	11. BIRTHPLACE (City and State or Foreign Country) Bernheimer Mo		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME HERMANN ROEWE		13b. MOTHER'S MAIDEN NAME ELISE WESTERMANN		14. NAME OF HUSBAND OR WIFE ALMA ROEWE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ALMA ROEWE - HERMANN 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Diabetes 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.				INTERVAL BETWEEN ONSET AND DEATH Sudden
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260 X				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) Rural Warren Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) G. H. Kingg DC Coroner			23b. ADDRESS Warrenton Mo.		23c. DATE SIGNED Apr 11 55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-14-55	24c. NAME OF CEMETERY OR CREMATORY HERMANN City Cemetery	24d. LOCATION (City, town, or county) (State) HERMANN MO		
DATE REC'D BY LOCAL REG. 4-12-55	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE August Bremer	ADDRESS HERMANN MO		

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3160

P. O. Address. Herrmann M

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.