

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3960

State File No. ....  
Registrar's No. .... 172

FILED MAR 1 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. CITY OR TOWN <b>Poplar Bluff</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>920 Harper St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Claude</b>	b. (Middle) <b>F.</b>	c. (Last) <b>Roehms</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 14, 1956</b>
-------------------------------------	--------------------------	-----------------------	-------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 3, 1888</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired, Ice &amp; Fuel</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Maintenance</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tell City, Ind.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
--	--	---	--

13a. FATHER'S NAME <b>Joe Roehm</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Montgomery</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Lenora Roehms, Decd.</b>
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-03-6066</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lillian Frey, Poplar Bluff, Mo.</b>	ADDRESS
--	--	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cardiac failure</b> DUE TO (c) <b>carcinoma of prostate</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>adenocarcinoma prostate</b>		

19a. DATE OF OPERATION <b>6/18/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Adeno Carcinoma prostate 177x</b>	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 4-20-1953 to 2-14-1956, that I last saw the deceased alive on 2-14-1956, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. D. Markel M.D.</b>	23b. ADDRESS <b>Poplar Bluff Mo</b>	23c. DATE SIGNED <b>2-20-56</b>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>2/23/56</b>	REGISTRAR'S SIGNATURE <b>A. D. Markel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank-Cotrell</b>	ADDRESS <b>Poplar Bluff, Mo.</b>
---	---	---	----------------------------------

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

RECEIVED  
FEB 27 1956  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 *Grover W. Wheel*.....  
Licensed Embalmer No. *296*

P. O. Address *296*.....

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.