

FILED FEB 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4197

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 4142 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Russellville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Of Mr & Mrs Ray Keller		d. STREET ADDRESS (If rural, give location) 0260	

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Emely	c. (Last) Roark	4. DATE OF DEATH (Month) (Day) (Year) Feb. 13 1956
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5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 10, 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 3	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Spring Garden, Miller Co.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Joseph Miles	13b. MOTHER'S MAIDEN NAME Angeline S. Spennfield	14. NAME OF HUSBAND OR WIFE Joseph Roark
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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 Mrs Ray Keller	ADDRESS Russellville, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 24 hours 10 yrs 30 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1941, to Feb 13, 1956, that I last saw the deceased alive on Feb 13, 1956, and that death occurred at 7:35 Am., from the causes and on the date stated above.

23a. SIGNATURE E. M. Eberhart D.O.	23b. ADDRESS Russellville	23c. DATE SIGNED 2-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-15-56	24c. NAME OF CEMETERY OR CREMATORY Enloe Cemetery	24d. LOCATION (City, town, or county) (State) Russellville, Mo
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DATE REC'D BY LOCAL REG. Feb. 15	REGISTRAR'S SIGNATURE Mesdames Kitterman	25. FUNERAL DIRECTOR'S SIGNATURE Ego Schuchert	ADDRESS Russellville
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(Licensed Embalmer's Statement on Reverse Side)

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

MBS

1258 20 1956

9961 97 1956

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 Hugo H. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville

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.