

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5706

FILED FEB 23 1956

BIRTH NO. 1841-56 REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Morgan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u> c. LENGTH OF STAY (In this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gunn Clinic</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek Twp.</u> d. STREET ADDRESS (If rural, give location) <u>2 miles north of Stover</u>	
3. NAME OF DECEASED (Type or Print) <u>Jesse</u> a. (First) <u>Ralph</u> b. (Middle) <u>Roe</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1956</u>
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH <u>Feb. 1, 1956</u>
9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (State or foreign country) <u>Versailles, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME <u>August Roe</u>	
13b. MOTHER'S MAIDEN NAME <u>Charsie Dill</u>		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME <u>August Roe</u>
		ADDRESS <u>Stover, Mo.</u>	
MEDICAL CERTIFICATION			
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Breech delivery</u> DUE TO (c)	
		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 <u>7610</u>	
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 <u>Feb 1, 1956</u> to <u>Feb 2, 1956</u> that I last saw the deceased alive on <u>Feb 2, 1956</u> , and that death occurred at <u>12:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack Gunn MD.</u> (Degree or title)		23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>2-4-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>Feb. 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stover Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-6-56</u>	REGISTRAR'S SIGNATURE <u>J. H. Washburn</u> <u>214</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Stevinson</u>	
		ADDRESS <u>Stover, 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

J. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.