

FILED JUN 20 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22538**

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6172** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY stone	
b. CITY OR TOWN Rural-Washington		c. CITY OR TOWN near Galena, Mo. 1040	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) - Galena, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Clarence	b. (Middle) E.	c. (Last) Roof	4. DATE OF DEATH (Month) (Day) (Year) June 5-1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2-1878	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR 9 Months	11. UNDER 1 DAY 3 Days	12. UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Wyoming, Ill.	12. CITIZEN OF WHAT COUNTRY? Ame.
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13a. FATHER'S NAME Samuel Roof	13b. MOTHER'S MAIDEN NAME Jane Fouts	14. NAME OF HUSBAND OR WIFE Hattie Roof
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Hattie Roof	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Peristate		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 177x
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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?
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22. I hereby certify that I attended the deceased from **1924**, **1924**, to **5-20-1956**, **1956**, that I last saw the deceased alive on **1-2-1956**, **1956**, and that death occurred at **8:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. M. ...	23b. ADDRESS Galena Mo.	23c. DATE SIGNED June 5, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7-56	24c. NAME OF CEMETERY OR CREMATORY Galena, Mo.	24d. LOCATION (City, town, or county) (State) Galena, Mo.
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DATE RECEIVED BY LOCAL REG. June 6-56	REGISTRAR'S SIGNATURE Mr. J. Elmer Brasseur	25. FUNERAL DIRECTOR'S SIGNATURE Everett E. Cheatham	ADDRESS Galena
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena 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.