

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23332**

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **5435** Registrar's No. **32**

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

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Boeuff Twp.	c. LENGTH OF STAY (In this place) **	c. CITY OR TOWN Arnold	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 50 - 2 mi. from Drake		e. STREET ADDRESS (If rural, give location) 05001	

3. NAME OF DECEASED (Type or Print) Theodore Peter Roth			4. DATE OF DEATH July 23, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 10, 1878	9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and State or Foreign Country) Zell, Mo.	
13a. FATHER'S NAME Wm. Roth		13b. MOTHER'S MAIDEN NAME Josephine Huck Roth	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-10-0054	17. INFORMANT'S SIGNATURE OR NAME Ernie Roth ADDRESS Arnold, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) KILLED IN AUTO ACCIDENT. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BROKEN NECK, BOTH Legs. Crushed + chest crushed. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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"/>	
21a. ACCIDENT (Specify) ACCIDENT.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) AV 50 2 M E DRAKE	21c. (CITY, TOWN, OR TOWNSHIP) Gasconade (COUNTY) (STATE) MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 23-56 9:15 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? INT. PU. TRUCK Overturned PINNING H. Head crushed Body		

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Angela H. Blumher Coroner		23b. ADDRESS Neumann MO	23c. DATE SIGNED 7-23-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-26-1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 7-24-1956	REGISTRAR'S SIGNATURE Delma Seeken	25. FUNERAL DIRECTOR'S SIGNATURE Walter A. White ADDRESS OWENSVILLE
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AUG 13
1958

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 *Milford H H Winter*.....

Licensed Embalmer No. *383*

P. O. Address *OWENSON LA*

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.