

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25624**

FILED AUG 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1846**

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

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST FRANCIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BALLWIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE MO</b>	
c. LENGTH OF STAY (In this place) <b>1 yr</b>		d. STREET ADDRESS (If rural, give location) <b>Local</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PINE CREST NURSING HOME</b>			

3. NAME OF DECEASED a. (First) <b>ISAAC</b> b. (Middle) <b>L</b> c. (Last) <b>ROUGGLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 30, 1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 8 1966</b>
9. AGE (In years last birthday) <b>90</b>	10. KIND OF BUSINESS OR INDUSTRY <b>SELF EMPLOYED</b>	11. BIRTHPLACE (State or foreign country) <b>Jefferson Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		11. BIRTHPLACE (State or foreign country) <b>Jefferson Co. Missouri</b>	

13a. FATHER'S NAME <b>JOHN LEWIS ROUGGLEY</b>	13b. MOTHER'S MAIDEN NAME <b>EUGENIA WILHE</b>	14. NAME OF HUSBAND OR WIFE <b>Divorced</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SUSIE KEANEY</b> ADDRESS <b>3815 HILLY HILLS ST LOUIS</b>

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 <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIO-VASCULAR RENAL DISEASE</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS</b> DUE TO (c) <b>SENILITY</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>		<b>442X</b>	

19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	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) <b>—</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>—</b>

22. I hereby certify that I attended the deceased from **JULY 15, 1956**, to **JULY 30, 1956**, that I last saw the deceased alive on **JULY 30, 1956**, and that death occurred at **9:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. R. Loving M. D.</b> (Degree or title)	23b. ADDRESS <b>BALLWIN, MO.</b>	23c. DATE SIGNED <b>7-31-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>	24b. DATE <b>Aug 8, 1956</b>	24c. NAME OF CEMETERY OR CREMATORIUM <b>CALVARY</b>	24d. LOCATION (City, town, or county) (State) <b>DE SOTO MO</b>
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DATE REC'D BY LOCAL REG. <b>8/2/56</b>	REGISTRAR'S SIGNATURE <b>Robert K. Somke</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. MANN</b> ADDRESS <b>Funeral Home De Soto, MO</b>
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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

*Gerald J. Mohr*

Licensed Embalmer No. *4975*

P. O. Address *Di. Soto, 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.