

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

158

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar</b>		c. CITY OR TOWN <b>Rural- Lamar Twsp.</b> <i>sole</i> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		Length of stay in lb <b>1 m, 26 da</b>	
d. STREET ADDRESS <b>Lamar R#3</b>		Reside on Form <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First <b>JULIA</b> Middle <b>ROTH</b> Last <b>ROTH</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>8</b> Year <b>1957</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 17 1874</b>
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>82</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Fairmont, Minn.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13. FATHER'S NAME <b>Stephen L. Norton</b>	
14. MOTHER'S MAIDEN NAME <b>Caroline Gekler</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <b>XXX</b>	
16. SOCIAL SECURITY NO. <b>XXX</b>		17. INFORMANT Address <b>S. J. Norton, San Francisco, Calif.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>sudden death; coronary</b> <b>bulbar</b> <b>to old age</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>sudden death</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>fracture of R. hip 3 months ago</b> <b>4201F</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>fall from bed</b>		
20c. TIME OF INJURY Hour <b>10:50</b> Month <b>Jan</b> Day <b>8</b> Year <b>57</b> a. m. <b>57</b> p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Lamar</b>	COUNTY <b>Barton</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>Nov 19 56</b> to <b>Jan 8 57</b> and last saw her alive on <b>Jan 8 57</b> Death occurred at <b>10:50</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E Gueddar M.D.</b>		22b. ADDRESS <b>Lamar</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Jan 11 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lamar, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Konantz Funeral Home, Lamar, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 10 57</b>	26. REGISTRAR'S SIGNATURE <b>Marie Konantz</b>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in reporting to the health officer. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1th,elfare,lic,vice

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MS  
SEP 22 1940

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 *Noeman L. Thompson*

Licensed Embalmer No. *481*

P. O. Address *Lamar,*

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.