

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **626**

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5278** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Jackson	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Rural - Jackson Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural, Jackson township		d. STREET ADDRESS (If rural, give location) Rural, near Antioch, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) A.	c. (Last) ROACH	4. DATE OF DEATH (Month) (Day) (Year) January 5-1957
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17-1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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 (State or foreign country) Clark County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George C. Roach	13b. MOTHER'S MAIDEN NAME Mary Norman	14. NAME OF HUSBAND OR WIFE Teresa Wilson Roach
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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. 492-42-7152B	17. INFORMANT'S SIGNATURE OR NAME Poland Roach	ADDRESS Kahoka, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		4 years
	DUE TO (c) Polyarthritis Vera		4 mo
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 4201	20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **12-22-1956**, to **1-5-1957**, that I last saw the deceased alive on **12-27-1956**, and that death occurred at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE John A. ...	(Degree or title)	23b. ADDRESS Canton, Mo	23c. DATE SIGNED 1-8-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-8-57	24c. NAME OF CEMETERY OR CREMATORY St. Patrick Cemetery	24d. LOCATION (City, town, or county) (State) St. Patrick, Mo.
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DATE REC'D BY LOCAL REG. 1/12-57	REGISTRAR'S SIGNATURE J. L. ...	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Kraus, Jr.	ADDRESS Keosauqua, Iowa
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(Licensed Embalmer's Statement on Reverse Side)

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

61-0

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Signed *Wm. J. Kraus, Jr.*

Signed _____
Student Embalmer

Licensed Embalmer No. *4518*

P. O. Address *1212 Concord St.
Keechuk, Iowa*

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.