FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1587

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5570 Registrar's No. 4

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence (Fort Osage) — Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Woods Rest Home Blue Mills Rd — Length of stay in 1b: 6weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Mo b. COUNTY: Jackson

c. CITY OR TOWN: Grain Valley 1000 — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): City — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Floyd Middle: W Last: Roof

4. DATE OF DEATH Month Day Year: Jan 3 1957

5. SEX: Male 0

6. COLOR OR RACE: Wh

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Aug 20 1886

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: O.A.P.

11. BIRTHPLACE (City and state or country): Blue Springs Mo

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Roof

14. MOTHER'S MAIDEN NAME: Amanda Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE 496-09-4963

17. INFORMANT Address: Forrest Roof 9401 E 16th Ind Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cardiac Decompensation

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 20, 1956, to Jan 3, 1957 and last saw her/him alive on 1-3-57

Death occurred at 6:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John L. Weisler D.O.

22b. ADDRESS: Buckner mo

22c. DATE SIGNED: 1-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan-5-1956

23c. NAME OF CEMETERY OR CREMATORY: Blue Springs

23d. LOCATION (City, town, or county) (State): Blue Springs Mo

24. FUNERAL DIRECTOR ADDRESS: Webb Funeral Home Blue Springs Mo

25. DATE RECD. BY LOCAL REG.: 1-5-56

26. REGISTRAR'S SIGNATURE: James L. Craig

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

354 0

JAN 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....R B Webb.....

Licensed Embalmer No. 23)

P. O. Address Blue Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.