

STANDARD CERTIFICATE OF DEATH

2050

FILED FEB 4 1957

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lake Ozark		c. CITY OR TOWN Lake Ozark	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bagnel Dam		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FLOREINE Middle SYLVIA Last ROARK		4. DATE OF DEATH Month Day Year Jan. 1, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 8, 1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Cafe Waitress	11. BIRTHPLACE (City and state or country) Casper, Wyoming
13. FATHER'S NAME (unknown) Eastman		14. MOTHER'S MAIDEN NAME Alice Germaine Renville	
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. 489-12-7930	17. INFORMANT Address Robert Roark, Columbia, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANOXIC ANOXIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SUFFOCATION DUE TO (c) DROWNING 8354			INTERVAL BETWEEN ONSET AND DEATH 10 MINUTES
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 33			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) AUTOMOBILE PLUNGED OVER EMBANKMENT INTO LAKE OF THE OZARKS.		
20c. TIME OF INJURY Hour Month, Day, Year 3:20 a. m. 1-1-57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) WERLAKE ROAD AT PARKWAY	20f. CITY, TOWN, OR LOCATION FRANKLIN TOWNSHIP	20g. COUNTY MILLER STATE MO.
21. I attended the deceased from 3:30 A m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 3:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. S. Humphrey, D.O., Coroner		22b. ADDRESS 3 Columbia Missouri	22c. DATE SIGNED 1-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 6, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Columbia, Missouri.
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 29, 1957	26. REGISTRAR'S SIGNATURE Alveretta Waltz	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no signs. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1858
5-1857

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name (s) recorded on the reverse side of this certificate was embalmed
by me, or by Roger James, Student Embalmer No. 53
working under my personal supervision.

Student [Signature]
Signature of Student Embalmer

Signed Tom McHarg
Licensed Embalmer No. 40
P. O. Address Coler

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