

FILED APR 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8147

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 54

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> | | c. CITY OR TOWN <u>Arbyrd</u> <u>0350</u> | |
| c. LENGTH OF STAY (in this place) <u>5 wks</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memm Hosp.</u> | | | |
| e. STREET ADDRESS (If rural, give location) | | | |

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|--|---------------------------|---|---|---|---|
| 3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Curtis</u> c. (Last) <u>Roe</u> | | | 4. DATE OF DEATH (Month) <u>March</u> (Day) <u>22</u> (Year) <u>1957</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan 20 1899</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR <u>2</u> Months <u>2</u> Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supply Packer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Chevrolet Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |

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|--|--|---|
| 13a. FATHER'S NAME <u>J. B. Roe</u> | 13b. MOTHER'S MAIDEN NAME <u>Nellie Mae Horn</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> |
| 17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Roe - Arbyrd, Mo.</u> ADDRESS _____ | | |

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|---|---|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u> | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ | | |
| | 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 <u>151X</u> | | |

| | | |
|---|--|---|
| 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) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from 3-7, 1957, to 3-22, 1957, that I last saw the deceased alive on 3-22, 1957, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

| | | |
|---|----------------------------------|---|
| 23a. SIGNATURE <u>[Signature]</u> | 23b. ADDRESS <u>Cardwell, Mo</u> | 23c. DATE SIGNED <u>3-26-57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/26/57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Cardwell, Mo</u> |

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|---|--|---|---------------|
| DATE REC'D BY LOCAL REG. <u>3-27-57</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service - Leachville Ark</u> | ADDRESS _____ |
|---|--|---|---------------|

(Licensed Embalmer's Statement on Reverse Side)

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

90.

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-1-57
COUNTY FILE NUMBER 457-

APR 8 1957

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..... *H. H. Howard*

Licensed Embalmer No. *3959*

P. O. Address *Leachville*

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.