...ealth, ...& Welfare ...Public ...h Service

S. 300 ...v. 1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

XC-141 47 4 FILED APR 17 1957

STATE FILE NUMBER 12287

REG.# 14042 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 289

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V.A. HOSPITAL — Length of stay in 1b: 12 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: BUTLER
c. CITY OR TOWN: POPLAR BLUFF — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1920 RAULSTON ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle JAMES Last ROMINE

4. DATE OF DEATH Month APRIL Day 8 Year 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: 3/17/91

9. AGE (In years last birthday): 66 — 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): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (City and state or country): HENDRICKSON, MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ABRAHAM L. ROMINE

14. MOTHER'S MAIDEN NAME: NANCY J. WILLIAMS

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

16. SOCIAL SECURITY NO.: 022-18-3127

17. INFORMANT Address: VA HOSPITAL RECORDS, POPLAR BLUFF, 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) PASSIVE CONGESTION OF LUNGS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE.
DUE TO (c) 4200

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)
1. ATHEROSCLEROSIS WITH STENOSIS OF AORTIC VALVE. 2. ARTERIOSCLEROSIS, GENERALIZED. 3. SENILE ARTERIOSCLEROTIC NEPHROSCLEROSIS.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ Yes

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 April 7, 1957, to April 8, 1957. Death occurred at 3:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. D. Baskett M.D. — E. D. BASKETT, M.D., Chief, Medical Svc.

22b. ADDRESS: VAH, POPLAR BLUFF, MO.

22c. DATE SIGNED: 4/9/57

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

23b. DATE: 4-12-57

23c. NAME OF CEMETERY OR CREMATORY: City Cem.

23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.

25. DATE REC'D. BY LOCAL REG.: 4/13/57

26. REGISTRAR'S SIGNATURE: O H Mantee

(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

489-11

RECEIVED
APR 15 1957
BUTLER CO. HEALTH CENTER
FILE No.

MAR 24 1958

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 Charles E. Mungle

Licensed Embalmer No. 48

P. O. Address Poplar B

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.