

STANDARD CERTIFICATE OF DEATH

25627

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 403 E. Pettis, St.			Length of stay in lb 20yr.			d. STREET ADDRESS (If outside, give location) 215 E. Hogan	
3. NAME OF DECEASED (Type or print) Roscoe V. President				4. DATE OF DEATH July 11, 1957			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 1, 1909	
9. AGE (In years last birthday) 48yr.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Railroad Shop		11. BIRTHPLACE (City and state or country) Lincoln, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME Alexis President			
14. MOTHER'S MAIDEN NAME Stella Robinson				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII			
16. SOCIAL SECURITY NO. 500-10-5266				17. INFORMANT Address Mrs. Shellene President Sedalia, 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) Homicide by firearms Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____							INTERVAL BETWEEN ONSET AND DEATH E981X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Homicide by firearms				
20c. TIME OF INJURY 8:30 p. m. 7-11-57			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.) about home		20f. CITY, TOWN, OR LOCATION Sedalia		COUNTY Pettis		STATE Mo	
21. I viewed the deceased as Coroner and last saw her alive on 7-11-57 Death occurred at 8:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Chas. Donald Steinfeld MD				22b. ADDRESS Commerce Pettis Co		22c. DATE SIGNED 7-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 16, 1957		23c. NAME OF CEMETERY OR CREMATORY Crawin Hill Annex Cemetery		23d. LOCATION (City, town, or county) (State) Sedalia Mo.	
24. FUNERAL DIRECTOR Ernie Akhamb 400 W. Cooper			25. DATE RECD. BY LOCAL REG. 7-16-57		26. REGISTRAR'S SIGNATURE Frances Shelby		

JUL 23 1957
JUL 31 1957
AUG 7 1957

JAN 22 1958

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. *John A. [Signature]*

Licensed Embalmer No. *474*
P. O. Address *Selalia*

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.