Health, Welfare & Public Service

S. 300
. 1-56

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

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35392

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Albany — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gentry County Memorial Hosp. — Length of stay in 1b: 20 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: Albany — Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): North Albany — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Luda Middle: Shellanna Last: Roe

4. DATE OF DEATH Month Day Year: October. 18. 1957

5. SEX: F **6. COLOR OR RACE:** W **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Aug. 8-1884

9. AGE (In years last birthday): 73 — 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): housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): New Hampton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert McMillen
14. MOTHER'S MAIDEN NAME: Iva Mae Yocum

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
17. INFORMANT Address: Mr. D ale Foster St. Joseph, 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) Mural Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: June 15-57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocarditis — years
DUE TO (c) Obesity — life time
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 ☒

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 Albany **COUNTY** Gentry **STATE** Mo

21. I attended the deceased from June-15-57 to 10-18-57 and last saw her/him alive on 10-18-57
Death occurred at 8 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank H. Rose M.D.
22b. ADDRESS: Albany, Mo.
22c. DATE SIGNED: 10-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Oct. 20. '57
23c. NAME OF CEMETERY OR CREMATORY: Grandview
23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR ADDRESS: Clifford Brooks. Albany, Mo.
25. DATE RECD. BY LOCAL REG.: Oct-20-1957
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 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 ....me...., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No.....48

P. O. Address Albany, M

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