

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39824

State File No.

FILED DEC 2 - 1957

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5422</u>		Registrar's No. <u>160</u>					
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural near Kennett</u>		c. LENGTH OF STAY (If this place) <u>4 Wks.</u>		c. CITY OR TOWN <u>Kennett</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 MILES. So. West of Kennett, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>210 S. Anthony</u>				<u>035 2 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>David</u> c. (Last) <u>Roach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 19 - 1957</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-28-1896</u>		9. AGE (In years last birthday) <u>61</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Fisherman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial Fisherman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>William Roach</u>			13b. MOTHER'S MAIDEN NAME <u>Victoria Timmin</u>			14. NAME OF HUSBAND OR WIFE <u>Sadie Roach</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>496-20-6140</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carthel Roach</u>			ADDRESS <u>Kennett, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>			
				ANTECEDENT CAUSES Morbid 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. <u>4201</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 A. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Quinton Tawes</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>11-20-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-20-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hoover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hooversville, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>11-20-57</u>		REGISTRAR'S SIGNATURE <u>Carthel Roach</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Emersonson</u>		ADDRESS <u>Jonesboro, Ark.</u>				

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

90-0

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-25-57

COUNTY FILE NUMBER 1157-24

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 *Tom J. Eason*

Licensed Embalmer No. 859

P. O. Address *Jonesboro, Ark.*

- 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.